

TEACHER REFERRAL FORM FOR COUNSELING SERVICES

Student's Name: _____ Date: _____

Referring Teacher: _____

Reason(s) for referral:

- ☐ Disruptive classroom behavior
- ☐ Difficulty in getting along with other students
- ☐ Consistent neglect of schoolwork
- ☐ Extreme dislike or fear of school
- ☐ Inattentive; excessive daydreaming
- ☐ Anti-social behavior
- ☐ Lack of motivation in school
- ☐ Personal or home problems
- ☐ Other:

Comments:

Action(s) taken by the Teacher: _____

Student's attitude toward the problem: _____

- I would like:**
- ☐ you to observe this student
 - ☐ to discuss this student with you. I am available at _____.
 - ☐ you to participate in a conference on _____.
 - ☐ you to talk with this student.

- Student knowledge of referral:**
- ☐ has not been discussed with the student
 - ☐ student is aware of the referral
 - ☐ parent is aware of the referral

Please fold this confidential form and return to the Guidance Counselor.