

Counseling Referral Form

Student: _____ Teacher / Grade: _____

Date: _____

- _____ has difficulty making and keeping friends
- _____ has difficulty accepting responsibility for actions
- _____ has difficulty making decisions
- _____ has a hard time staying on task
- _____ has difficulty adjusting to new situations
- _____ has difficulty respecting authority
- _____ is shy and withdrawn
- _____ appears to worry a lot
- _____ does not complete tasks
- _____ is absent a lot
- _____ possible difficulty with family relationships

Reason for referral to counseling: _____

Examples of behavior: _____

List a strength this student has: _____

- Request to see the counselor is being made by:
- _____ student
 - _____ parent
 - _____ teacher
 - _____ principal
 - _____ other

THIS REFERRAL FORM MUST BE SIGNED BY THE PRINCIPAL

Signature of Principal

Signature of Parent(s)