

School Counseling Referral Form

Student's Name: _____

Teacher/Grade level: _____

Referring Source: _____



Reason for Referral:

- ☐ Difficulty making and/or maintaining relationships
- ☐ Behavioral difficulties
- ☐ Academic Concerns
- ☐ Family Changes (death, divorce, re-marriage, moving, new baby, etc.)
- ☐ Military Deployment
- ☐ Sudden changes in mood, attitude, or behavior (ie. student appears withdrawn)
- ☐ Bullying/Teasing (victim or bully)
- ☐ Difficulty exhibiting self-control
- ☐ Lacks appropriate methods to express feelings (anger, etc.)
- ☐ Low self-esteem
- ☐ Other

Please specify any concerns: _____

Please list any special services this student receives or interventions you have tried:

Best time to meet with this student: _____

Please return this form in a sealed envelope to the school counselor's mailbox.