**Student Counseling Referral Form**

**Student Information**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Age: \_\_\_\_\_\_ Grade: \_\_\_\_\_\_**
* **Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Behavioral & Emotional Concerns (Check all that apply)  
☐ Struggles with Social Skills  
☐ Difficulty Managing Emotions  
☐ Expresses Feelings of Hopelessness  
☐ Shows Signs of Depression  
☐ History of Trauma  
☐ Displays Aggressive Behavior  
☐ Poor Academic Performance  
☐ Lack of Motivation  
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home & Family Background**

* **Family Concerns (Divorce, Loss, Financial Hardship, etc.): ☐ Yes ☐ No**
* **Has the student experienced major life changes? ☐ Yes ☐ No**

**Has the Student Received Counseling Before?  
☐ Yes ☐ No  
If yes, provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parental Consent Required?  
☐ Yes ☐ No**

**Recommended Support  
☐ Peer Support Groups  
☐ One-on-One Counseling  
☐ Parent-Teacher Meeting  
☐ Special Needs Evaluation**

**Signature of Referring Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**School Counselor Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**