**Small Group Counseling Referral Form**

**Student Information**

* **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Grade: \_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Referral (Check all that apply)  
☐ Anger Management  
☐ Social Skills Development  
☐ Confidence & Self-Esteem  
☐ Study Skills & Academic Performance  
☐ Family Changes/Divorce  
☐ Grief & Loss  
☐ Stress & Anxiety Management**

**Preferred Counseling Format  
☐ Small Group Counseling  
☐ One-on-One Counseling  
☐ Parent-Student Joint Sessions**

**Best Available Time for Counseling  
☐ Morning Sessions  
☐ Lunch Break  
☐ After School Hours**

**Previous Counseling Support  
☐ Yes (Provide details): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
☐ No**

**Parental/Guardian Contact Details**

* **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Acknowledgment & Consent  
I understand that this counseling referral is to support the student’s emotional well-being and academic performance.**

**Referring Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_  
School Counselor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**