

School Counseling Referral Form Template

Student Information

- Name: _____
- Date of Birth: _____ Age: _____
- Grade: _____ Teacher: _____
- School Name: _____

Referral Details

- Date of Referral: _____
- Referred by (Name & Role): _____
- Relationship to Student: _____

Reason for Referral (Check all that apply)

- Academic Struggles
- Bullying Concerns
- Anxiety or Stress
- Family Issues
- Peer Conflict
- Emotional Regulation Issues
- Trauma Exposure
- Other: _____

Previous Counseling or Interventions Attempted

- Has the student received counseling before? Yes No
- If yes, specify details: _____

Parental/Guardian Contact Information

- Name: _____

- Phone: _____
- Email: _____

Additional Notes

Emergency Indicator

- Urgent – Requires Immediate Attention
- Moderate Concern – Schedule Within a Week
- Low Priority – Can Wait for Routine Counseling

Referring Party Signature: _____ **Date:** _____