

# 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: \_\_\_\_\_**