

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:** _____