

Counselor Referral Form

It is important to monitor your student and relate only observable behavior when making a referral to the counselor. The following behaviors, if observed, may indicate the need for a referral. Please document the behaviors you observe in order to help the counselor to best assist the student. Please remember that each student's parent/guardian has a right to request and obtain written educational records from the school. Please contact the counselor if you have any questions.

(Complete fields as best you can. Thank you)

Student: _____ ID#: _____ Date: _____ Urgent Yes No

DOB: _____ Grade: _____ Telephone #: _____

Address: _____

Referring Person/Teacher: _____

Please mark the behaviors you have observed **over an extended period of time** and to such a degree as to **interfere with each student's academic progress**:

ACADEMIC:

- Perfectionism
- Declining quality of work
- Inconsistent effort
- Struggles for achievement
- Cheating
- Difficulty completing work
- Assignments completed poorly

PHYSICAL:

- Poor hygiene/self-care
- Sleeping in class
- Consistently tired/sleepy
- Expresses physical complaints

FAMILY:

- Recent separation/divorce
- Recent change of address
- Family problems
- Newborn in family

BEHAVIORAL:

- Frequently off-task
- Short attention span
- Is very active/impulsive
- Difficulty concentrating
- Disturbs others
- Defiant of rules
- Uses obscene language
- Argues frequently

- Has frequent mood swings
- Overreacts to criticism
- Has difficulty accepting mistakes
- Lacks confidence
- Makes excuses/blames others
- Frequently leaves the classroom
- Appears sad/depressed mood
- Appears apathetic

SOCIAL:

- Outgoing
- Shy/Quiet
- Seeks attention
- Withdrawn
- Recent change of friends
- Prefers older friends
- Friends in class:

Have you discussed your concern(s) with the student's parent(s)? Yes No

Additional Concerns: