CONFIDENTIAL SCHOOL COUNSELOR REFERRAL FORM

Priority: □ Low
□ High
□ Emergency

Student's Name (Last, First): ______________________________ Grade: __________

Referred by (Name): ______________________________ Date: __________

Contact # (1): ____________________ Contact # (2): ____________________

Referred to (Counselor): ______________________________

Reason(s) for referral:

[ ] Dramatic change in behavior
[ ] Worries
[ ] Grief
[ ] Sadness
[ ] Always tired
[ ] Motivation
[ ] Inattentive
[ ] Bullying
[ ] Social skills
[ ] Academics
[ ] Withdrawn
[ ] Self image/Confidence
[ ] Nervous/Anxious
[ ] Perfectionist
[ ] Aggression/Anger
[ ] Fighting
[ ] Lying
[ ] Victim
[ ] Personal hygiene
[ ] Organization
[ ] Disrespectful
[ ] Defiant
[ ] Self harm
[ ] Impulsive
[ ] Stealing
[ ] Destruction of property
[ ] Sexual acting out
[ ] Peer relationships
[ ] Family concerns
[ ] Other ____________________

Actions taken by person referring this student, if applicable: (Please attach copies of any interventions attempted):

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Have you contacted the teacher about your concern? Y/N Date: ____________________

What was the outcome of the teacher contact? ____________________

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Counselor comments:

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Date seen: ____________________ Parent contact (Y/N): ______ Referred to: ____________________

C. Hinds, School Counselor