

TEACHER & PARENT SCHOOL COUNSELING REFERRAL FORM

Student's name _____ Date _____

Grade _____ Teacher _____

Referred by (if different) _____

Reason(s) for referral:

- | | | | |
|---------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> Motivation | <input type="checkbox"/> Friendship problems | <input type="checkbox"/> Absences | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Peer Relationships | <input type="checkbox"/> Home Concerns | <input type="checkbox"/> Dishonest |
| <input type="checkbox"/> Swearing | <input type="checkbox"/> Inattentive | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Grief |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Stealing | <input type="checkbox"/> Fears |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Social Skills | <input type="checkbox"/> Depression | <input type="checkbox"/> Sadness |
| <input type="checkbox"/> Worries | <input type="checkbox"/> Personal Hygiene | <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Self Concept |
| <input type="checkbox"/> Stressed | <input type="checkbox"/> Lying | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Class Work |
| <input type="checkbox"/> Always Tired | <input type="checkbox"/> Homework | <input type="checkbox"/> Temper | <input type="checkbox"/> Other _____ |

Concerns and/or Comments:

Interventions tried _____

Have you contacted parent/guardian about your concern? (date) _____

Explain _____

What other services is student receiving?

Teachers: What are the best days/times to meet with this student? _____

Parents: If you would like to speak to the counselor either in-person, by phone, or through email, please provide your contact information: _____