

# SCHOOL COUNSELING REFERRAL FORM

DATE \_\_\_\_\_

AGE \_\_\_\_\_

GRADE \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

BIRTH DATE M\_\_\_/ D \_\_\_/ Y\_\_\_\_\_

ADDRESS \_\_\_\_\_

HOMEPHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

WORK/CELL PH. \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

WORK/CELL PH. \_\_\_\_\_

STUDENT LIVES WITH \_\_\_\_\_

TEACHER \_\_\_\_\_

Is the student receiving Special Services?  No  Yes

Learning Support Teacher: \_\_\_\_\_

Reason(s) for referral:

- Motivation       Bullying       Swearing       Stressed Concerns
- Divorce       Fighting       Worries       Peer Relationships
- Friendship       Absences       Anger       Destruction of Property
- Dishonest       Withdrawn       Trust       Personal Hygiene
- Inattentive       Death       Fears       Perfectionist
- Hyperactive       Stealing       Lying
- Social Skills       Depression       Drugs

Other \_\_\_\_\_

Concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFERRED BY \_\_\_\_\_

PERMISSION TO PROVIDE SCHOOL-COUNSELING FORM

Date sent \_\_\_\_\_

Date returned \_\_\_\_\_

Principal Notified of Counseling Services:

Date \_\_\_\_\_

Counselor's Signature \_\_\_\_\_