Elementary School Counseling Program

CONFIDENTIAL SCHOOL COUNSELOR REFERRAL FORM

Date Received ______ **By Counselor** ________________________________

PRIORITY: ___ **Low** (schedule when available) ___ **High** (schedule as soon as possible) ____ **Emergency** (see asap!)

Student's Name ____

Grade/Teacher__________________________________ School ______________________________

List services student receives in school ____

Parent/Guardian Name ______________________________________ Home Ph. (____)______________

Work Ph. (____)______________ Cell Ph. (____)____________ Email: ______________________

Referred by: ____________________________Student lives with: ___________________________

Reason(s) for Referral – Problems/Concerns related to: (Please check all that apply.)

Academic:

- o Attention
- o Attitude
- o Disturbs others
- o Homework
- o Motivation
- o Off task
- o Study habits
- o Work habits/ Organization
- o Work completion (during class)
- o Other_______

Behavior:

- o Aggressive
- o Anger
- o Anxiety/Stress
- o Bullying
- o Cries easily
- o Cussing
- o Daydreams
- o Defiant
- o Depression/ Sadness
- o Destroys property
- o Disrespectful
- o Dramatic Change in Behavior
- o Drug/Alcohol
- o Family concerns
- o Fears (unusual)
- o Fighting
- o Grief
- o Hair pulling (eyelashes, eyebrows)
- o Headaches/ Stomach aches
- o Hyperactive
- o Impulsive
- o Lying
- o Makes odd sounds
- o Peer relationships
- o Perfectionism
- o Personal Hygiene
- o Risk taking
- o Self image/ Self concept
- o Self-injury (cutting)
- o Sexual acting out
- o Smoking
- o Social Skills
- o Stealing
- o Tired at school
- o Withdrawn

Attendance:

- o Absences (*more than 10*)
- o SARB Letter #1 sent
- o SARB Letter #2 sent
- o Home visit
- o Tardies

Clarify Problem/History:

Actions/Interventions:

Recommended Student Goals:

1.
2.
3.

Contacted parent? Y/N Date(s): __________________**Outcome:**