

# 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

Reason(s) for referral:

- |  |                                     |                                   |  |
|--|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Motivation    | <input type="checkbox"/> Bullying   | <input type="checkbox"/> Swearing | <input type="checkbox"/> Stressed Concerns       |
| <input type="checkbox"/> Divorce       | <input type="checkbox"/> Fighting   | <input type="checkbox"/> Worries  | <input type="checkbox"/> Peer Relationships      |
| <input type="checkbox"/> Friendship    | <input type="checkbox"/> Absences   | <input type="checkbox"/> Anger    | <input type="checkbox"/> Destruction of Property |
| <input type="checkbox"/> Dishonest     | <input type="checkbox"/> Withdrawn  | <input type="checkbox"/> Trust    | <input type="checkbox"/> Personal Hygiene        |
| <input type="checkbox"/> Inattentive   | <input type="checkbox"/> Death      | <input type="checkbox"/> Fears    | <input type="checkbox"/> Perfectionist           |
| <input type="checkbox"/> Hyperactive   | <input type="checkbox"/> Stealing   | <input type="checkbox"/> Lying    |  |
| <input type="checkbox"/> Social Skills | <input type="checkbox"/> Depression | <input type="checkbox"/> Drugs    |  |

Other \_\_\_\_\_

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

What interventions have taken place so far?  
\_\_\_\_\_  
\_\_\_\_\_

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

PERMISSION TO PROVIDE SCHOOL-COUNSELING FORM Date sent \_\_\_\_\_

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

Principal Notified of Counseling Services: Date \_\_\_\_\_

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