Confidential School Counseling Referral Form

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Referring Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Referral:

[ ] Aggression [ ] Impulsive

[ ] Dramatic Change in Behavior [ ] Always tired

[ ] Bullying – Victim [ ] Worried

[ ] Bullying – Bully [ ] Sadness

[ ] Self-Injury (i.e. cutting) [ ] Scared

[ ] Daydreams/Fantasizes [ ] Defiant

[ ] Anger Management [ ] Hyperactive

[ ] Fighting [ ] Inattentive

[ ] Stealing [ ] Disruptive

[ ] Sexual Acting Out [ ] Withdrawn

[ ] Peer Relationships [ ] Nervous/Anxious

[ ] Social Skills [ ] Motivation

[ ] Family Concerns [ ] Academics

[ ] Cries Easily/Often for Age [ ] Study Skills

[ ] Self-Image/Self-Confidence [ ] Homework Completion

[ ] Personal Hygiene [ ] Organization Skills

[ ] Lying [ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Grief and Loss

Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best time to pull the child from the classroom:

1st choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your referral! ☺