***Counselor Referral for Alternative Education Program***

|  |  |  |
| --- | --- | --- |
| Student Name: | Student ID#: | Date: |
| Counselor: | DOB#: | Home School: |
| Counselor Extension: | IEP: YES NO  | RTI: YES NO |
| Dean: | Truancy Issue: YES NO | Social Worker: YES NO |
| Dean Extension: | Probation Officer: YES NO | Name/Number: |

***Counselor’s History of Services***

Referred to Counselor by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First seen by Counselor (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applied Behavioral Analysis/Interventions Attempted or Initiated (include additional pages as necessary) Date Specific

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Counselor’s Assessment (in Collaboration with Referring Teacher/Administrator):***

***Student:***

Performs substantially below the performance level for pupils of the same age Yes/Now

Is at least one year behind in completing coursework or obtaining credits for graduation? Yes/No, how many credits deficient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the student pregnant or a parent? Yes/No

Has the student been assessed/diagnosed as chemically dependent? Yes/No

If so, who determined this assessment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the student a victim of physical or sexual abuse? Yes/No

If so, who diagnosed this? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the student experienced mental health problems? Yes/No

If so, who diagnosed this?

Has the student experienced homelessness within the last six months? Yes/No

Does the student speak English as a second language or has limited English proficiency? Yes/No

Student has been suspended, excluded, or expelled? Yes/No

Dates and explanation are logged in Power School for review? Yes/No

|  |  |  |
| --- | --- | --- |
| ***Area*** | ***Description*** | * ***= Yes***
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| Mood/Behaviors | Anxious /Worried |  |
|  | Depressed/Unhappy |  |
|  | Eating Disorder |  |
|  | Body Image Concerns |  |
|  | Hyperactive |  |
|  | Inattentive |  |
|  | Shy/Withdrawn |  |
|  | Aggressive Behaviors |  |
|  | Stealing/Theft |  |
|  | Other: |  |
| School Concerns | Homework Not Turned In |  |
|  | Low Test Scores |  |
|  | Low Assignment Grades |  |
|  | Poor Classroom Performance |  |
|  | Sleeping in Class |  |
|  | Sudden Change in Grades |  |
|  | Chronic Tardiness |  |
|  | Chronic Absences |  |
|  | Transfer Student |  |
| Relationships | Bullying |  |
|  | Difficulty Making Friends |  |
|  | Poor Social Skills |  |
|  | Boy/Girlfriend Issues |  |
|  | LGBT |  |
| Home Concerns | Fighting with Family Member(s) |  |
|  | Illness |  |
|  | Death in the Family |  |
|  | Parent Divorce/Separated |  |
|  | Substance Abuse |  |

**Are additional pages attached to this referral form? YES NO If so, how many pages? \_\_\_\_\_\_\_\_**

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Counselor’s Signature: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building Administrator’s Signature: Date: