



Rankin County
School District

TRADITION OF EXCELLENCE

RANKIN COUNTY SCHOOL DISTRICT BEHAVIOR REFERRAL TO COUNSELOR

Student's Name: _____ Grade: _____ Date: _____

Teacher's Name: _____ Time of Referral: _____

Course: _____ Block: _____

Reason for Referral (be as detailed as possible): _____

Teacher's action taken prior to this referral:

- Student Warned/Reprimanded
 - Consequence Given (if any): _____
- Student / Teacher Conference
 - Outcome of Conference: _____
- Parent Contact (check all that apply)
 - Email (Successful Email Address: _____)
 - Phone Call (Successful Phone Number: _____)
 - Conference
- Other: _____

Counselor action taken:

- Student / Counselor Conference
- Parent Contact
 - Email
 - Phone Call
 - Conference
- Counselor / Teacher / Student / Parent (circle those who should attend) conference requested on _____ at _____: _____ in the _____
- Behavior Plan Implemented
- Referral to Administration
- Refer to TST
- Other: _____

Comments: _____

Counselor's Signature: _____