

BISD Student Referral Form for Guidance & Counseling Services

Student's Name: _____ Student ID# _____ Grade _____



Referral Date: _____ Person Making this Referral: _____

Please note: **This form is not to be used for Discipline Referrals**. Concerns related to discipline should be referred to the administration prior to counselor referral.

Reasons for Referral: (please check all that apply)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Academic concerns | <input type="checkbox"/> Family Issues | <input type="checkbox"/> Health |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Divorce | <input type="checkbox"/> Hygiene |
| <input type="checkbox"/> Peer Relations | <input type="checkbox"/> Grief/Loss | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Self Esteem | <input type="checkbox"/> Student Mediation | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Anger Management | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sudden change in moods/attitude | <input type="checkbox"/> Death/Illness in Family | <input type="checkbox"/> Other: _____ |

Please provide information about the referral:

FOR COUNSELORS' USE ONLY

Student/Counselor Meeting Date: _____

Is student receiving outside counseling? _____ Yes _____ No

Parent notified about dual relationship Issues (ACA Code of Ethics) _____ Yes _____ No

Phone/Contact person _____ Issue discussed: _____

Referral made to outside agency: _____

Counselor Feedback given to teacher (Referral Form copy), Email, or Verbal:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Counselor Check In | <input type="checkbox"/> Counseling | <input type="checkbox"/> CIS Referral |
| <input type="checkbox"/> Teacher conference | <input type="checkbox"/> Continue to Monitor Student | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Parent Conference | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Administrator Consultation | <input type="checkbox"/> Nurse Consultation | |
| <input type="checkbox"/> Home Visitor Consultation | <input type="checkbox"/> Outside Agency Referral _____ | |

Notes: _____

BISD, an equal opportunity employer, does not discriminate on basis of race, color, national origin, sex, religion, age or disability in employment or provision of services, programs, or activities.