

Date: _____

L.A. Morgan Elementary
School Counseling Referral Form

By Parent(s) or Guardian(s)

Student's Name: _____ Grade: _____ Homeroom: _____

Referred by: _____ Phone #: _____

Relationship to student: _____

Reason for referral: (check all that apply)

- | <u>Academic</u> | <u>Behavioral</u> | <u>Personal</u> | <u>Other</u> |
|---|---|---|--------------|
| <input type="checkbox"/> Low Grades/Failing | <input type="checkbox"/> Self-Esteem/Confidence | <input type="checkbox"/> Trouble with friends | _____ |
| <input type="checkbox"/> Performance/Test anxiety | <input type="checkbox"/> Chronic sadness | <input type="checkbox"/> Exposure to violence | _____ |
| <input type="checkbox"/> Lack of motivation | <input type="checkbox"/> Anger/Hostility | <input type="checkbox"/> Possible abuse | _____ |
| <input type="checkbox"/> Dislikes school | | <input type="checkbox"/> Grief or loss issues | _____ |

Briefly describe the primary problem/concern: _____

Has the problem/concern been discussed at home? _____

Has the problem/concern been discussed with the teacher? _____

If so, what was the response? _____

When did the problem/concern begin?

Within: 24 hours 3 days 7 days 2 weeks ago 1 month ago
 more than 1 month ago, please specify: _____

Any physical concerns or medications related to the issue? _____

Signature: _____

You may download, print, and send the referral to school with your child OR you can request a referral form from your child's teacher and they will send one home.