

CORINTH ELEMENTARY SCHOOL
COUNSELING REFERRAL FORM

TO: School Counselor *Circle one*

Wini Beech Leslie Hall Either Counselor

FROM: Name _____

DATE: _____

Student's Name _____

Student's Grade and Homeroom Teacher _____

I am referring the above-named student for the reason(s) checked below.

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> self-concept | <input type="checkbox"/> test grades | <input type="checkbox"/> friends |
| <input type="checkbox"/> fighting | <input type="checkbox"/> inattentiveness | <input type="checkbox"/> absences |
| <input type="checkbox"/> hyperactive | <input type="checkbox"/> class work | <input type="checkbox"/> homework |
| <input type="checkbox"/> family concerns | <input type="checkbox"/> withdrawn | <input type="checkbox"/> unhappy |
| <input type="checkbox"/> bullying | <input type="checkbox"/> anxious in class | <input type="checkbox"/> depressed |
| <input type="checkbox"/> always tired | <input type="checkbox"/> worried | <input type="checkbox"/> shyness |
| <input type="checkbox"/> defiance | <input type="checkbox"/> disrespect | <input type="checkbox"/> other |

Concerns _____

Comments _____

Signature of Person referring student _____