

Counseling Referral Form



Confidential Information

SECTION 1 (Teacher's In-put)

Student's Name _____ Grade _____ Date ____/____/____

Student ID# _____ DOB ____/____/____ Phone # _____

Referring Person _____

Please check those areas of concern that impede student's learning:

____ Academics	____ Distracted/Withdrawn	____ Self image
____ Anger Issues	____ Emotional issues	____ Social skills: _____
____ Anxious/Worries	____ Family issues: _____	____ Trouble making friends
____ Death in family	____ Health Related Issues	
____ Defiant	____ Impulsive behavior	____ Other: _____
____ Disrespectful behavior	____ Poorly motivated	

Explanation of concern: _____

Check programs student currently participates in: 504 _____ SPED _____ Tutoring _____

Migrant _____ MD/FS _____ GT _____ RTI _____ Other _____

Teacher's Actions:

What interventions have you tried with the student? _____

Parent contacted? __Yes __No Phone _____ Conference _____

Outcome: _____

SECTION 2 (Counselor's Use)

COUNSELING INTERVENTIONS

Individual Counseling Sessions 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____

Group Counseling Sessions 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____

Parent contact information: [] call [] conference Dates: 1. _____ 2. _____ 3. _____ 4. _____

Meetings attended on behalf of student: Date/Type 1. _____/_____
2. _____/_____
3. _____/_____

NOTES: _____

