

# School Counselor



Please fill out the form below to request a meeting with the school counselor for your child

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student's Classroom Teacher: \_\_\_\_\_

Person filling out the form: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Social / Emotional Referral:

- |   |   |
|---|---|
| <input type="checkbox"/> Social Skills / Friendship | <input type="checkbox"/> Grief / Loss                 |
| <input type="checkbox"/> Confidence / Self-Esteem   | <input type="checkbox"/> Personal Hygiene             |
| <input type="checkbox"/> Anger Management           | <input type="checkbox"/> Anxiety                      |
| <input type="checkbox"/> Coping Skills              | <input type="checkbox"/> Other (please explain below) |
| <input type="checkbox"/> Family Issues              |   |

Academic Referral:

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Study Skills | <input type="checkbox"/> Homework                     |
| <input type="checkbox"/> Attendance   | <input type="checkbox"/> Underachievement             |
| <input type="checkbox"/> Organization | <input type="checkbox"/> Other (please explain below) |

Student needs to see you:     Immediately     Today     This week

Additional Comments:

Parent / Guardian Signature: \_\_\_\_\_