

PRIORITY: ___ Low (schedule when available) ___ High (schedule as soon as possible) ___ Emergency (see now)

CONFIDENTIAL SCHOOL COUNSELOR REFERRAL FORM Date Received _____

Student's Name _____ Grade & HmRm Teacher _____
First Last

Parent/Guardian Name _____ Home Ph. (____)_____

Work Ph. (____)_____ Cell Ph. _____ Referred by: ___ Teacher ___ Parent
___ Self ___ Other

DOB _____ Student lives with: _____

Reason(s) for Referral- Problems/Concerns related to: *(Please check all that apply.)*

- Dramatic change in behavior
- Worries
- Daydream/fantasizes
- Grief
- Fears
- Sadness
- Always tired
- Motivation
- Inattentive
- Withdrawn
- Cries easily for age
- Self image/confidence
- Non-touchable/pulls away
- Nervous/anxious
- Perfectionist
- Aggression/Anger
- Swearing
- Fighting
- Lying
- Bullying
- Disrespectful
- Defiant
- Hurts self
- Impulsive
- Over Active
- Easily distracted
- Chews (paper/clothes/hair)
- Makes Odd Sounds
- Stealing
- Destruction of Property
- Sexual Acting Out
- Peer Relationships
- Social Skills
- Personal Hygiene
- Family Concerns
- Academics
- Absences
- Tardy
- Wk habits/organization
- Completion of Assignments/Homework
- Drop out risk (H.S.)
- Other _____

Clarify Referral Problem / History:

ACTIONS taken by the person referring this student, if applicable: *(Please attach copies of any interventions attempted)*

Have you contacted parent/guardian about your concern? Y/N Date: _____

Explain below the outcome of parent contact:

What other services is student receiving (Centerstone, out of school counseling, etc.)?

Signature of Person Making Referral

Date of Referral

PRIORITY: ___ **Low** (schedule when available) ___ **High** (schedule as soon as possible) ___ **Emergency** (see now)

Below is for the School Counseling office use only:

Initial date seen by Counselor: _____ Counselor: _____

Best time to counsel with student: _____

Follow-up session Date: _____

Outcome: _____

Follow-up session Date: _____

Outcome: _____

Follow-up session Date: _____

Outcome: _____

Follow-up session Date: _____

Outcome: _____

Follow-up session Date: _____

Outcome: _____

