

# School Counseling Referral Form

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

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Reason for referral (check all that apply)

Academic:

Other:

\_\_\_ Attendance

\_\_\_ Study Skills

\_\_\_ Underachievement

\_\_\_ Organization

\_\_\_ Homework

\_\_\_ Goal Setting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal/Social:

\_\_\_ Anger Management

\_\_\_ Withdrawn/Shy

\_\_\_ Adjustment

\_\_\_ Bullying

\_\_\_ Honesty

\_\_\_ Family Conflict

\_\_\_ Social Skills/Friends

\_\_\_ Self-Esteem

\_\_\_ Health (family/self)

\_\_\_ Negative Attitude

\_\_\_ Personal Hygiene

\_\_\_ Grief (loss/death)

\_\_\_ Anxiety

\_\_\_ Theft/Vandalism

\_\_\_ Other: \_\_\_\_\_

Best time for me to see the student: \_\_\_\_\_ Parent Contacted?  Yes  No

Name of Person Referring: \_\_\_\_\_

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

For OFFICE use only:

Date of Visit with student: \_\_\_\_\_

Notes: \_\_\_\_\_