

SCHOOL COUNSELOR REFERRAL FORM

Student Name _____ Student ID# _____ Grade Level _____

Requested by (please check): Teacher Parent AP Other

Reason(s) for referral:

Motivation	Friendship Problems	Excessive Absences	Anger
Profanity	Peer Relationships	Excessive Tardiness	Family Problems
Divorce	Inattentive	Withdrawn	Grief
Fighting	Hyperactive	Inappropriate Behavior	Concentration Problems
Excessive Worrying	Poor Social Skills	Depression	Personal/Unknown
Stress	Personal Hygiene	Poor Grades	Mental Health
Bullying	Dishonesty/Stealing	Destruction Property	Other

Interventions Tried: _____

Have you contacted parent/guardian about your concern? Yes No N/A

Signature of Person Making Referral

Date

Counselor Use Only

Date Received _____ Urgency of Referral: Crisis ASAP Within 2 weeks

Action(s) taken by Counselor _____

Counselor Signature: _____ Date: _____