

Counselor Referral Form

Referring Teacher _____

Grade _____

Student's Name _____

Room No. or School No. _____

Counselor: _____ Referral Date _____

REASON(S) FOR REFERRAL

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Academic Concerns | <input type="checkbox"/> Family Issues | <input type="checkbox"/> Grief/loss | <input type="checkbox"/> Sexuality Issues |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Stress | <input type="checkbox"/> Tardiness | <input type="checkbox"/> Child Neglect/ Abuse |
| <input type="checkbox"/> Absences | <input type="checkbox"/> Truancy | <input type="checkbox"/> Health | <input type="checkbox"/> Drop-out Prevention |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Suicide | <input type="checkbox"/> Peer Relation | <input type="checkbox"/> Student Parent Relation |
| <input type="checkbox"/> Theft | <input type="checkbox"/> Divorce | <input type="checkbox"/> Student/Teacher | <input type="checkbox"/> Other |

Explanation,

Student/Counselor Conference

Teacher/Counselor Conference

Teacher(s) Signature

Counselor's Signature

Please Note: This form is not to be used for discipline problems. Problems related to discipline should be referred to the administration.