

COUNSELING REFERRAL FORM
(Keep a copy for your student file.)

STUDENT:

DATE:

GRADE:

TEACHER:

Please check any relevant indicators below:

Depressed ___ **Crying** ___ **Irritable** ___

Withdrawn ___ **Quiet** ___ **Angry** ___

Excluded ___ **Distracted** ___ **Sleepy** ___

Aggressive ___ **Disrespectful** ___ **Acting Out** ___

Negative change in academic performance ___

Bullied: (Describe)

Bullying: (Describe)

Social Changes: (Describe)

Family Changes: (Describe)

Traumatic Event/ Problem: (Describe)

Parent Communication: (Summarize comments)

Days and Times Student Available for Counseling: