

School Counseling

STUDENT Referral Form

**To discuss, consult about, and/or refer a student for services, please complete the following:**

1. Contact parent regarding your concern and the likelihood of involving the school counselor.
2. Complete School Counseling Referral Form
3. Return form to School Counselor

**School Counselor will contact teacher to set up a time to obtain further information/data.**

**Student Name:** **Grade:** \_\_\_\_

**Teacher:** \_\_ **Date of Parent Contact:** \_\_\_\_\_

**Parent(s)/Guardian(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Service Being Requested:**

|  |  |
| --- | --- |
| * Teacher/Counselor Consultation | * Observation/Time on Task |
| * Student Check-in | * Individual Counseling |

**Reason for Referral:**

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**Counseling Office Notes**

Referral received: Teacher consultation: Parent contacted:

Initial meeting: Permission sent: Permission received: