

## 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.**