

Counseling Referral Form

Student Name _____

Date _____

Homeroom Teacher _____

Person Referring _____

Reason for Referral

- Aggression
- Bullying-Victim
- Bullying-Bully
- Self-Injury
- Anger Management
- Fighting
- Peer Relationships
- Social Skills
- Family Concerns
- Self-Image/Self-Confidence
- Personal Hygiene
- Lying
- Grief and Loss
- Impulsive
- Always tired
- Worried
- Sadness
- Scared
- Defiant
- Hyperactive
- Inattentive
- Disruptive
- Withdrawn
- Nervous/Anxious
- Motivation
- Other: _____

Explanation/Background:

Actions taken by the person referring this student, if applicable: (Please attach copies of any interventions attempted)

Have you contacted parent/guardian about your concern? Y/N Date: _____

Explain below the outcome of parent contact:

Best time to pull the student from the classroom:

1st choice: _____

2nd choice: _____

Signature _____

Date _____

Thank you for your referral! Please return form to Ms. Ross or Ms. Walkup's box ☺

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