

School Counseling Referral Form

Student's Name: _____

Teacher/Grade level: _____

Referring Source: _____



Reason for Referral:

- Difficulty making and/or maintaining relationships
- Behavioral difficulties
- Academic Concerns
- Family Changes (death, divorce, re-marriage, moving, new baby, etc.)
- Military Deployment
- Sudden changes in mood, attitude, or behavior (ie. student appears withdrawn)
- Bullying/Teasing (victim or bully)
- Difficulty exhibiting self-control
- Lacks appropriate methods to express feelings (anger, etc.)
- Low self-esteem
- Other: _____

Please specify any concerns: _____

Please list any special services this student receives or interventions you have tried:

Please return this form in a sealed envelope to the school counselor's mailbox.