

COUNSELING REFERRAL FORM



Date of Referral: _____

PRIORITY: _____ **Low** (schedule when available) _____ **High** (schedule as soon as possible)

_____ **Emergency** (see now)

Student's Name: _____ Class: _____

Referred by: _____ (Name)

Clarify Background / History: _____

Referral Problem / Issue being faced / Behaviour pattern noticed:

Actions taken by the person referring this student, if applicable:

Signature of Parent

Signature of Coordinator

Signature of Principal



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Reason(s) for Referral- Problems/Concerns related to: *(Please check all that apply.)*

<input type="checkbox"/> Dramatic change in behavior	<input type="checkbox"/> Nervous/anxious	<input type="checkbox"/> Chews (paper/clothes/hair)
<input type="checkbox"/> Worries	<input type="checkbox"/> Perfectionist	<input type="checkbox"/> Makes Odd Sounds
<input type="checkbox"/> Daydream / fantasizes	<input type="checkbox"/> Aggressive/Angry	<input type="checkbox"/> Stealing
<input type="checkbox"/> Grief	<input type="checkbox"/> Swearing	<input type="checkbox"/> Destruction of Property
<input type="checkbox"/> Fears	<input type="checkbox"/> Fighting	<input type="checkbox"/> Sexual Acting Out
<input type="checkbox"/> Sadness	<input type="checkbox"/> Lying	<input type="checkbox"/> Poor Peer Relationships
<input type="checkbox"/> Always tired	<input type="checkbox"/> Bullying	<input type="checkbox"/> Weak Social Skills
<input type="checkbox"/> De -Motivation	<input type="checkbox"/> Disrespectful	<input type="checkbox"/> Lacks Personal Hygiene
<input type="checkbox"/> Inattentive	<input type="checkbox"/> Defiant	<input type="checkbox"/> Family Concerns
<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Hurts self	<input type="checkbox"/> Academics - underperforming
<input type="checkbox"/> Cries easily for age	<input type="checkbox"/> Impulsive	<input type="checkbox"/> Frequent Absences
<input type="checkbox"/> Low Self-image / confidence	<input type="checkbox"/> Over Active	<input type="checkbox"/> Tardy
<input type="checkbox"/> Non-touchable / pulls away	<input type="checkbox"/> Easily distracted	<input type="checkbox"/> Poor Work habits / organization
<input type="checkbox"/> Poor anger management		<input type="checkbox"/> Poor Completion of Assignments / Homework