

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:

Have you contacted parent/guardian about your concern? Yes / No **Date of contact:** _____

Permission taken from parent for Counseling – Yes / No (over a meeting / Telephonically / via Email)

Explain below the outcome of parent contact:

Signature of Educator

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 Withdrawn 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