

SCHOOL COUNSELOR REFERRAL FORM

Student Initials: _____ Student number: _____

Referred by: _____

REASON(S) FOR REFERRAL:

Excessive Worrying	Poor Social Skills	Anger
Family Problems	Peer Relationships	Withdrawn/Depressed
Grief	Inappropriate Behavior	Change in Behavior
Personal Hygiene	Personal/Unknown	Other (describe below)

Please provide any further information regarding your concerns:

Have you contacted parent/guardian about your concern? Yes No N/A

Signature of Person making referral

Date

Counselor Use Only

Date Received _____

Student contact date _____

Student plan moving forward:
