Confidential School Counseling Referral Form

Student Name: _____ Date: _____

Referring Teacher: _____

Reason for Referral:

[ ] Aggression
[ ] Dramatic Change in Behavior
[ ] Bullying – Victim
[ ] Bullying – Bully
[ ] Self-Injury (i.e. cutting)
[ ] Daydreams/Fantasizes
[ ] Anger Management
[ ] Fighting
[ ] Stealing
[ ] Sexual Acting Out
[ ] Peer Relationships
[ ] Social Skills
[ ] Family Concerns
[ ] Cries Easily/Often for Age
[ ] Self-Image/Self-Confidence
[ ] Personal Hygiene
[ ] Lying
[ ] Grief and Loss
[ ] Impulsive
[ ] Always tired
[ ] Worried
[ ] Sadness
[ ] Scared
[ ] Defiant
[ ] Hyperactive
[ ] Inattentive
[ ] Disruptive
[ ] Withdrawn
[ ] Nervous/Anxious
[ ] Motivation
[ ] Academics
[ ] Study Skills
[ ] Homework Completion
[ ] Organization Skills
[ ] Other

Explanation:

_____
_____
_____
_____

Best time to pull the child from the classroom:

1st choice: _____

2nd choice: _____

Thank you for your referral! ☺