

Confidential School Counseling Referral Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Teacher: \_\_\_\_\_

Reason for Referral:

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 Withdrawn           |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

Explanation:

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Best time to pull the child from the classroom:

1<sup>st</sup> choice: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_

Thank you for your referral! ☺