



Student COUNSELING & GUIDANCE Referral Form

DATE: _____ Referral: ___ 1st ___ 2nd ___ 3rd ___

Student NAME: _____ GRADE/Teacher: _____

Referred by: _____ (Check all) ___ Parent ___ Teacher ___ Student ___ Other

Specific Concerns: _____

ACADEMIC/Education:

- ___ Lack of class participation
- ___ Loss of interest in work/grades
- ___ Does not bring class materials
- ___ Incomplete work
- ___ Attendance: Excessive absence/tardy
- ___ Poor organizational & time management skills
- ___ Other _____

BEHAVIORIAL:

- ___ Disruptive
- ___ Negative attitude
- ___ Inattentive
- ___ Hyperactive
- ___ Obscene language/gestures
- ___ Defiance of rules
- ___ Other _____

SOCIAL/PERSONAL & EMOTIONAL

- ___ Lack of self-confidence
- ___ Peer relationships
- ___ Instigates other students
- ___ Anxieties/worries/stress
- ___ divorce, separation &/or death/loss
- ___ Other _____

PHYSICAL CONDITIONS:

- ___ Poor hygiene/appearance
- ___ Frequent visits to nurse
- ___ Frequent visits to bathroom
- ___ Frequent physical injuries
- ___ withdrawn
- ___ Other _____

Additional background information known: _____

Attempted interventions:

Student's Positive Qualities:

Counselor Plan of Action(s): ___ contact parent/teacher/student ___ indiv./group intervention ___ refer out

Received by/date: _____