**

CONFIDENTIAL SCHOOL COUNSELOR REFERRAL FORM

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Ph. (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Ph. (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Ph. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by: \_\_\_ Teacher \_\_\_ Parent \_\_\_ Self \_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student lives with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason(s) for Referral\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check all that apply for the student: [ ] Chronic Absenteeism [ ] Special Education [ ] Foster Youth

Challenges/Concerns related to: (Please check all that apply.)

[ ] Change in behavior [ ] Fears [ ] Nervous/Anxious/Worries [ ] Taking things/Stealing

[ ] Perfectionist [ ] Easily distracted [ ] Self-image/confidence [ ] Motivation

[ ] Grief/Loss [ ] Sadness [ ] Withdrawn [ ] Self harm

[ ] Anger/Aggression [ ] Fighting [ ] Swearing/Name calling [ ] Defiant (refuse to do tasks)

[ ] Bullying [ ] Lying [ ] Disrespectful [ ] Impulsive

[ ] Peer Relationships [ ] Social Skills [ ] Chews (paper/clothes/hair) [ ] Makes Sounds

[ ] Personal Hygiene [ ] Always tired [ ] Personal Boundaries [ ] Family Concerns

[ ] Sexual Acting Out [ ] Highly Sensitive [ ] Destruction of Property [ ] Inattentive

[ ] Study Skills [ ] Attendance [ ] Tardies/Lates [ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please note that Counseling services are confidential.*

*In order to build a trusting relationship with the child, the school counselor will keep information confidential with some possible exceptions.*

*The counselor is required by law to break confidentiality for the following: Evidence or disclosure of abuse or neglect, presenting a danger to self or others. I understand that the counselor may share information with parents/guardians, the child’s teacher, and/or administrators or school personnel who work with the child on a need to know basis, so that we may better support the child as a team.*

Please contact me if you have any questions and/or would like more information.

Counselor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please place in the Counselor’s box or return to your child’s teacher.*

*Thank you for the referral!*