



COUNSELING REQUEST FORM

Date: _____

Student Name _____ Grade & HR Teacher _____

Parent/Guardian Name _____ Phone: (____) _____

Referred by: Teacher/Admin Parent Self Student lives with: _____

Parent(s)/Guardian are aware of counseling services referral via: Phone Call Conference Email

Parent(s)/Guardian are in agreement with child receiving counseling services? Yes No

****Please attached Parent/Guardian Informed Consent to this referral form****

Reason(s) for Referral- Problems/Concerns related to: *(Please check all that apply.)*

- | | | | |
|--|-------------------------------------|---|--|
| <input type="checkbox"/> Dramatic change in behavior | <input type="checkbox"/> Anxious | <input type="checkbox"/> Makes Odd Sounds | <input type="checkbox"/> Academics |
| <input type="checkbox"/> Worries | <input type="checkbox"/> Anger | <input type="checkbox"/> Peer Relationships | <input type="checkbox"/> Absences |
| <input type="checkbox"/> Grief | <input type="checkbox"/> Bullying | <input type="checkbox"/> Social Skills | <input type="checkbox"/> Easily Distracted |
| <input type="checkbox"/> Fears | <input type="checkbox"/> Hurts Self | <input type="checkbox"/> Personal Hygiene | <input type="checkbox"/> Inattentive |
| <input type="checkbox"/> Sadness | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Family Concerns | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Self-image | <input type="checkbox"/> Motivation | |

Clarify Referral Problem: _____

Have you contacted parent/guardian about your concern? Yes No I'm the parent/Guardian

Date of contact: _____

Explain the outcome of parent contact:

What other services is student receiving (Centerstone, out of school counseling, etc.)?

Name of Person making referral (Print please)

Signature of Person making referral

Please place this confidential form in the counselor's confidential mailbox

-----Counselor Use Only-----

Date Received: _____

Does this student have a 504 or IEP? Yes No

Is this an ELL student? Yes No