School Counseling Referral Form

Student: _____ Date_____

Grade_____ Teacher_____

Reason for referral (check all that apply)

Academic:

- ☐ Attendance
- ☐ Underachievement
- ☐ Homework
- ☐ Other_____
- ☐ Study Skills
- ☐ Organization
- ☐ Goal Setting

Personal/Social:

- ☐ Anger Management
- ☐ Bullying
- ☐ Social Skills/Friends
- ☐ Negative Attitude
- ☐ Withdrawn/Shy
- ☐ Honesty
- ☐ Self-Esteem
- ☐ Personal Hygiene
- ☐ Other _____
- ☐ Adjustment
- ☐ Family Conflict
- ☐ Health (family or self)
- ☐ Grief (Loss/Death)
- ☐ Uncooperative/ Defiant
- ☐ Anxiety
- ☐ Theft/ Vandalism

Comments:_____

_____

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Best time to take student (Tuesday, Thursday, and Friday)

Time 1:_____ Time 2:_____ Time 3:_____

♦♦♦Please reach out to parent so that they know you are making a referral♦♦♦