

# Counseling Referral Form

Classroom Teacher: \_\_\_\_\_

Date: \_\_\_\_\_

Referred by (if different from classroom teacher): \_\_\_\_\_

I am referring \_\_\_\_\_ for the following reason(s):

### Moods/Behaviors

- \_\_\_\_\_ anxious/worried
- \_\_\_\_\_ depressed/unhappy
- \_\_\_\_\_ eating disorder/body image concerns
- \_\_\_\_\_ hyperactive/inattentive
- \_\_\_\_\_ shy/withdrawn
- \_\_\_\_\_ low self-esteem
- \_\_\_\_\_ aggressive behaviors
- \_\_\_\_\_ stealing
- \_\_\_\_\_ Other: \_\_\_\_\_

### Relationships

- \_\_\_\_\_ bullying
- \_\_\_\_\_ difficulty making friends
- \_\_\_\_\_ poor social skills
- \_\_\_\_\_ problems with friends
- \_\_\_\_\_ Other: \_\_\_\_\_

### School Concerns

- \_\_\_\_\_ homework not turned in/not complete
- \_\_\_\_\_ low test/assignment grades
- \_\_\_\_\_ sleeping in class/always tired
- \_\_\_\_\_ sudden change in grades
- \_\_\_\_\_ frequently tardy or absent
- \_\_\_\_\_ new student
- \_\_\_\_\_ Other: \_\_\_\_\_

### Home Concerns

- \_\_\_\_\_ fighting with family members
- \_\_\_\_\_ illness/death in the family
- \_\_\_\_\_ parents separated/divorced
- \_\_\_\_\_ suspected abuse
- \_\_\_\_\_ suspected substance abuse
- \_\_\_\_\_ parent request
- \_\_\_\_\_ Other: \_\_\_\_\_

Comments:

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### Counselor Use Only

\_\_\_\_\_ Date Received \_\_\_\_\_ Date Seen

Further Consult Needed

\_\_\_\_\_ N \_\_\_\_\_ Y: \_\_\_\_\_ Teacher \_\_\_\_\_ Parent \_\_\_\_\_ Other