Counseling Referral Form

Student:_________________________________ Teacher / Grade: __________________________

Date:___________________________________

_____ has difficulty making and keeping friends
_____ has difficulty accepting responsibility for actions
_____ has difficulty making decisions
_____ has a hard time staying on task
_____ has difficulty adjusting to new situations
_____ has difficulty respecting authority
_____ is shy and withdrawn
_____ appears to worry a lot
_____ does not complete tasks
_____ is absent a lot
_____ possible difficulty with family relationships

Reason for referral to counseling: ____________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Examples of behavior: _____________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List a strength this student has: ____________________________________________
________________________________________________________________________
________________________________________________________________________

Request to see the counselor is being made by:
_____ student
_____ parent
_____ teacher
_____ principal
_____ other

THIS REFERRAL FORM MUST BE SIGNED BY THE PRINCIPAL

Signature of Principal     Signature of Parent(s)