## **Counseling Referral Form**



## **SECTION 1: REFERRAL INFORMATION**

| Referral for Counseling:   |   |  |   |   |
|--|---|--|---|---|
| Who is submitting the referral?  | Parent  | Principal  | School Counselor  | Teacher                                       |
| Name of individual making referra  | al:   |  |   | Date of referral:                             |
| Student Name:  |   | Grade  | : School:   |   |
| Why would you like to refer this s   | tudent for                                    | counseling?  |   |   |
| Anger Attendance Depression Family Concern(s) Hygiene Sexual Behavior/Remarks Substance Abuse Other: | Drasti<br>Grief/<br>Physic<br>Social          | vioral Concern(s<br>c/Sudden Chan<br>Loss<br>cal Threat(s) | )<br>ge(s), i.e., attitude,   | grades, etc.                                  |
| SECTION 2: PARENTAL NOTICE A   | ND CONSE                                      | NT (TO BE COM  | PLETED BY A PARE  | NT OR LEGAL GUARDIAN)                         |
| Is the student currently meeting v   | with a men                                    | tal health provi   | der in the commur   | nity? Yes No                                  |
| Is the parent/guardian willing to s community provider? Yes  | sign a Relea<br>No                            | se of Information  | on for the school co  | ounselor to coordinate with the               |
| school counselor will take place a<br>to confidentially discuss feelings a                           | t an appropabout many about many and there is | priate time duri<br>things, possibl<br>no intent to dis    | ing the school day a<br>y including persona<br>cuss sensitive issue | es; however, the law requires that            |
| Various materials may be used du<br>may contact the school counselor                                 | _   |  | _   | <del>-</del>                                  |
| Please understand that under the until this form is signed and return                                |   | en cannot parti  | cipate in the sched   | uled counseling activity unless and           |
| I give permission formy child,<br>described above.   |   |  | , to partici  | pate in the scheduled activities as           |
| Parent Signature   |   |  | Date  |   |
|  | FAMILY  | EDUCATIONAL RIG  | HTS AND PRIVACY ACT   |   |
| Section 53A-13-302, Utah Code, provides is intended to cause a student to reveal pr                  | •   |  | least two weeks prior to  | a school activity or planned discussion which |
| Two-week requirement waived: Parent Signature:   |   |  |   | ate:  |
| **Subjects, as written in Utah State Law,  | may include p                                 | olitics; emotional o                                       | r psychological difficulti  | es; income; sexual behavior, orientation, or  |

<sup>\*\*</sup>Subjects, as written in Utah State Law, may include politics; emotional or psychological difficulties; income; sexual behavior, orientation, or attitudes; illegal, anti-social, demeaning, or self-incriminating behavior; critical appraisals of family relationships; religious affiliations or beliefs, and/or legally recognized privileged and analogous relationships.