

JONESBORO-HODGE MIDDLE SCHOOL

SCHOOL COUNSELOR REFERRAL FORM

Use this form to refer students to the school counselor. It must be completed prior to the student seeing the counselor. Students with major infraction referrals will automatically be referred to the counselor after completing discipline consequences.

Student _____ Grade _____ Referring Personnel _____

Date Form Completed _____

Reason for referring student to counselor:

_____ (Referring Personnel Signature) _____ (Date)

_____ (Referred Students Signature) _____ (Date)

School Counselor's Response to Referral:

_____ (Counselor's Signature) _____ (Date)

Additional Comments: