

SCHOOL COUNSELOR REFERRAL FORM - MOORELAND ELEMENTARY

Teacher's Name \_\_\_\_\_ Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home/Work/Cell Phones \_\_\_\_\_

**Check the characteristics which generally describes the student's behavior:**

- Tattles about behavior of others
- Poor organization for class
- Manipulates others to do things
- Disrespectful
- Doesn't work well in groups
- Interrupts class with noises
- Fighting
- Personal Problem
- Family problem
- Excessive absence and/or tardiness
- Withdrawn
- Seeks constant adult attention
- Inattentive; distractible
- Disturbs class routine
- Extreme quietness
- Verbally aggressive
- Low self-concept
- Unusual temper outbursts
- Other: \_\_\_\_\_

Briefly describe the specific incidents which led to the Counselor referral: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What goal do you want this student to achieve? \_\_\_\_\_

\_\_\_\_\_

Check which actions have already been made to help the student make the needed changes in his/her behavior.

- Conference with the student
- Worked with student individually
- Called parent
- Other: \_\_\_\_\_
- Conferred with counselor
- Sent to the office
- Parent conference

Briefly describe at least three positive strengths this student displays \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_