

Counseling Referral Form

Classroom Teacher: _____

Date: _____

Referred by (if different from classroom teacher): _____

I am referring _____ for the following reason(s):

Moods/Behavior

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- _____ shy/withdrawn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

School Concerns

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

Relationships

- _____ bullying
- _____ difficulty making friends
- _____ poor social skills
- _____ problems w/ friends
- _____ boy/girl friend issues
- _____ Other: _____

Home Concerns

- _____ fighting w/ family members
- _____ illness/death in the family
- _____ parents divorced/separated
- _____ suspected abuse
- _____ suspected substance abuse
- _____ parent request

Counselor Use Only:	
_____ Date Received	_____ Date
Further Consult Needed:	
_____ N	_____ Y: _____ Teacher _____ Parent

____ Other:
Poor ____ Dress/Appearance

Comments: