

# Teacher Referral for Counseling

Student: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

## Reason for Referral:

- \_\_\_\_\_ Poor peer relationships
- \_\_\_\_\_ Behavioral problems
- \_\_\_\_\_ Academic problems
- \_\_\_\_\_ Family changes (death, divorce, re-marriage, moving, etc.)
- \_\_\_\_\_ Doesn't accept responsibility
- \_\_\_\_\_ Sudden changes in mood, attitude, or behavior
- \_\_\_\_\_ Other

Description of the problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special services student is receiving \_\_\_\_\_

List any interventions/assistance you have offered the student \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a preference as to the time of the appointment? \_\_\_\_\_

I would like for my student to be able to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Counselor Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Follow Up Appointment date/Time

\_\_\_\_\_ @ \_\_\_\_:\_\_\_\_\_

\_\_\_\_\_, Counselor

White Copy-Teacher (This copy will be returned to the teacher after the student has been seen by the counselor)

Yellow Copy-Counselor