

Counselor Referral Form

Date _____ Student's Name _____ Grade _____

Submitted by (may be anonymous) _____

Referral to: ___ Guidance Counselor
 ___ Safe Schools Counselor
 ___ Project Success Counselor

1. Please describe the incident or information that led you to make this referral.

2. Please check any item that you are aware of or concerned about.

- ___ Lack of connection to or alienation from school
- ___ Impulsivity/hyperactivity/restlessness
- ___ Concentration problems
- ___ Risk-taking/sensation-seeking orientation
- ___ Emotional problems (anger, depression, anxiety, etc)
- ___ Peer relationship difficulties
- ___ Gang affiliation
- ___ Family problems
- ___ Substance use
- ___ Poor academic performance
- ___ Attendance issues
- ___ Disruptive behavior in class
- ___ Disruptive behavior on campus
- ___ Disruptive behavior off campus
- ___ Atypical or change in behavior for this student
- ___ Change in physical health or appearance
- ___ Other _____

3. Please evaluate how soon you believe this student should be seen and check the appropriate box. If the student needs to be seen immediately, phone the Counseling Secretary (ext. 4690). If the student's counselor is not available, the referral may be routed to another counselor, the school psychologist, the safe schools counselor or an administrator.

Student should be seen:

- ___ Immediately (this minute)
- ___ Urgent (within the day)
- ___ By Appointment (within a week)