

Figure 4.3 Elementary Counselor Referral Form

Please complete as many details as possible and return to your counselor's box.

STUDENT'S NAME: _____ GRADE: _____ TEACHER: _____

REFERRED BY: _____ Date: _____

****Reminder:** Students who have ongoing/habitual issues will be targeted through data collected. This form is for concerns regarding CHANGES in student behavior.

Change in Attendance
 Change in Behavior
 Change in Academics
 Change in behavior/demeanor/social interaction

Please describe your reason(s) for this referral and any additional concerns or information:

Steps taken to address concern:

What interventions are in place?
 Breakthrough
 Parent Conference
 Outside Counseling
 Individualized Education Program (IEP)

Student Study Team (SST)
 Behavior Support Plan
 Principal
 Behavior Contract

Other: _____

How long have you had this concern?
 Today
 A few days
 One week
 Two weeks
 Other

Has this issue been discussed with the student's parent/guardian?
 Y
 N
 Last date of contact: _____
(Required unless this is a personal nature or related to possible abuse/violence)

Parent/guardian response:

Please rate this referral.

On a scale of 1–10, please circle how serious (immediate) this problem is:										
	Less Serious				Moderately Serious				Very Serious	
1	2	3	4	5	6	7	8	9	10	

Please note: This referral will be screened and responded to based on the level of severity

For School Counselor Use Only

Parent/Guardian Contact: Yes No Date: _____ Time: _____

1st Intake: _____ Date _____ Time _____ Ongoing counseling services needed: Yes No

Type of Services: Individual Group Monitoring Other (Weekly Biweekly Monthly)

Referred to community agency: Yes No Which provider: _____ Date: _____

Comments: _____

School Counselor's Signature: _____