

School Counseling Referral Form (Student)

Name: _____ Date _____

Grade _____ Teacher _____

I would like to talk to you about:

- My schoolwork
- My family
- Myself
- My class
- My friends
- Something Private
- Other _____

This:

- Is an emergency! The time is _____ am/pm
- Is important
- Can wait
- Other _____