

School Counseling Referral Form (Parent/Guardian/Teacher)

Student: _____ Date _____

Grade _____ Teacher _____

Reason for referral (check all that apply)

Academic:

- Study Skills
- Motivation
- Organization
- Homework
- Other _____

Personal/Social/Emotional:

- | | |
|---|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Changes/Adjustment |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Family Conflict |
| <input type="checkbox"/> Social Skills/Friends | <input type="checkbox"/> Health (family or self) |
| <input type="checkbox"/> Negative Attitude Towards School | <input type="checkbox"/> Grief (Loss/Death) |
| <input type="checkbox"/> Withdrawn/Shy | |
| <input type="checkbox"/> Other _____ | |

Comments: _____

Person making the referral: _____

Relationship to the student: _____

Phone: _____

Email form to brenfer@northcentralschool.org