

Hallie Randall Elementary
School Counseling Referral Form
(Confidential Document)



Classroom Teacher: _____

Date: _____

Referred by (if different from classroom teacher): _____

I am referring _____ for the following reason(s)

MOODS/BEHAVIORS

- _____ anxious/worried
- _____ depressed/unhappy
- _____ eating disorder/body image concerns
- _____ hyperactive/inattentive
- _____ shy/withdrawn
- _____ low self-esteem
- _____ aggressive behaviors
- _____ stealing
- _____ other _____

SCHOOL CONCERNS

- _____ homework not turned in/incomplete
- _____ low test/assignment grades
- _____ poor classroom performance
- _____ sleeping in class/always tired
- _____ sudden change in grades
- _____ frequently tardy or absent
- _____ new student
- _____ other _____

RELATIONSHIPS

- _____ bullying
- _____ difficulty making friends
- _____ poor social skills
- _____ problems w/friends
- _____ boy/girl friend issues
- _____ other _____

HOME CONCERNS

- _____ fighting w/family members
- _____ illness/death in the family
- _____ parents divorced/separated
- _____ suspected abuse
- _____ suspected substance abuse
- _____ parent request

COMMENTS: _____

Counselor Use Only:

Date received: _____

Date seen: _____

Counseling Action

Plan _____

Referral Info: _____

Time/Date of Parent Contact: _____