

Date: _____



Hallie Randall Elementary

School Counseling Referral Form

By Parent(s) or Guardian(s)

Student's Name: _____ Grade: _____ Homeroom: _____

Referred by: _____ Phone# _____

Relationship to student: _____

Reason for referral: (check all that apply)

- | <u> </u> Academic | <u> </u> Behavioral | <u> </u> Personal | <u> </u> Other |
|---------------------------------------|------------------------------------|----------------------------------|--------------------------|
| <u> </u> Low Grades/Failing | <u> </u> Self Esteem/Confidence | <u> </u> Trouble with friends | _____ |
| <u> </u> Performances/Test anxiety | <u> </u> Chronic sadness | <u> </u> Exposure to violence | _____ |
| <u> </u> Lack of motivation | <u> </u> Anger/Hostility | <u> </u> Possible abuse | _____ |
| <u> </u> Dislikes school | | <u> </u> Grief or loss issues | |

Briefly describe the primary problem/concern: _____

Has the problem/concern been discussed at home? _____

Has the problem/concern been discussed with the teacher? _____

If so, what was the response? _____

When did the problem/concern begin?

Within: 24 hours 3 days 7 days 2 weeks ago 1 month ago

 more than 1 month ago, please specify: _____

Any physical concerns or medications related to the issue? _____

Additional Comments: _____
