

School Counselor Referral Form

For Parents



Today's Date: _____

Student Name: _____ Homeroom (e.g KA or 3T): _____

Referring Parent's Name: _____ Phone: _____

(NOTE: Mr. Strand will only accept referrals from the legal parents or guardians of the student being referred)

Reason for referral:

What will this student be doing differently (goal) when the problem(s) is solved?:

What would be evidence of a solid first step toward meeting this goal?:

Please check all that apply to this referral:

Attendance concerns:

- # of Tardies _____
- # of Absences _____
- # of Days Left Early

Behavioral concerns:

- Fighting
- Bullying
- Disrespectful or
Defiant Behavior
- Inappropriateness
- Peer/Social Problems
- Stealing

Achievement concerns:

- Change in work quality
- Cheating / Dishonesty
- Homework completion
- Decline of grades

On a scale of 1-10, please identify how serious (immediate) this problem is:

Less Serious

1 2 3

Moderately Serious

4 5 6 7

Very Serious

8 9 10