

# School Counselor Referral Form

For Teachers



Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Best time to see: \_\_\_\_\_

Teacher: \_\_\_\_\_

## Reason for referral:

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

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

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Parent contacted about referral\*: Date: \_\_\_\_\_ Time: \_\_\_\_\_

## 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                      Moderately Serious                      Very Serious  
1      2      3      4      5      6      7      8      9      10

(\*Required *unless* issue is confidential in nature or inappropriate to share with parent).