

SCHOOL COUNSELOR REFERRAL FORM
(parent)

Parent's Name _____ Date _____

Student's Name _____ Grade/HR _____

Check the characteristics which generally describes the student's behavior:

- | | |
|---|---|
| <input type="checkbox"/> Tattles about behavior of others | <input type="checkbox"/> Excessive absence and/or tardiness |
| <input type="checkbox"/> Poor organization for class | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Manipulates others to do things | <input type="checkbox"/> Seeks constant adult attention |
| <input type="checkbox"/> Disrespectful | <input type="checkbox"/> Inattentive; distractible |
| <input type="checkbox"/> Doesn't work well in groups | <input type="checkbox"/> Disturbs class routine |
| <input type="checkbox"/> Interrupts class with noises | <input type="checkbox"/> Extreme quietness |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Verbally aggressive |
| <input type="checkbox"/> Misuse of technology | <input type="checkbox"/> Low self-concept |
| <input type="checkbox"/> Personal Problem | <input type="checkbox"/> Unusual temper outbursts |
| <input type="checkbox"/> Family problem | <input type="checkbox"/> Other: _____ |

Briefly describe the specific incident which led to the referral: _____

Have you been in contact with the child's primary teacher? _____

Would you like to set up a meeting with the teacher and counselor to discuss your child? If yes, please list a few available times to do so.

