

Student Referral to School Counselor

Student Details

Student's full name:	
Parent/guardian name:	
Referring teacher:	
Date:	

Reason for Referral/Incident Details

Provide details of why the student is being referred for counseling:

For example:

- Aggression
- Always tired
- Bullying (victim/bully)
- Sadness
- Motivation
- Fighting
- Scared
- Impulsive
- Change in behavior
- Worried
- Defiant
- Poor work
- Stealing
- Nervous

List those behaviors (above and extra ones) for which the student is being referred:

Description of any significant incident or examples of this behavior:

Actions taken by the person referring (or anyone else):

How urgent is a referral required: (0 - not important, 10 - extremely important)

0	1	2	3	4	5	6	7	8	9	10

Any significant risk to the student or others?

Anything else that should be taken into account?

Best times to take the child out of class:

This form intends to direct the student onto a more successful path in their place of education.

Dr. Jeremy Sutton