

## Counseling Referral Form - Parent/Guardian

I am requesting that the School Counselor talk with my child:

**URGENT - Today!**       As soon as possible       After the school counselor and I talk

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Classroom/Homeroom Teacher \_\_\_\_\_

Your Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Phone # \_\_\_\_\_ Best time to reach me \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

My child's strengths include: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My primary concern(s) Check all that apply:

- Something is wrong but I don't know what
- A loss (death of a person or pet, loss of a friendship, divorce) \_\_\_\_\_
- Anger \_\_\_\_\_
- Relationships (peers, friends, siblings, parents, teachers) \_\_\_\_\_
- How my child is treated by others \_\_\_\_\_
- Feelings of negativity, discouragement, self-doubt \_\_\_\_\_
- Unhealthy/unsafe choices \_\_\_\_\_
- Study skills, grades \_\_\_\_\_
- Other concerns \_\_\_\_\_

Any additional information \_\_\_\_\_  
\_\_\_\_\_

Please return this form to the school counselor or to the principal. I will contact you as soon as possible.