

**School Counseling Referral Form
For Staff/Faculty**

Students' Name _____ Grade _____

Date _____ Referral by _____

Times counselor can see student (Days that I am here) _____

Area(s) of concern:

Personal/Social Development

___ Peer Relationships

___ Family Relationships

___ Emotional

___ Other _____

Academic Development

___ Grades

___ Attendance

___ Educational Planning

___ Other _____

Career Development

___ Decision-making

___ Exploration/Planning

___ Other _____

Specific Observable Behaviors:

Pre-Referral Intervention Strategies

Successes/Opportunities that arose from pre-referral intervention strategy

Student's Strengths/Interests:

For Counselor Use Only:

Date Seen _____

Action(s) Taken:

___ Individual Counseling

___ Parent/Guardian Contact

___ Other _____

___ Group Counseling

___ Outside Referral

___ Administrator Referral

___ Collaboration with teachers/staff