

Counseling Referral Form (for Behavior)
For Staff/Faculty

Student's Name _____ Grade _____

Date _____ Referral By _____

Times counselor can see student (Tues/Thurs only) _____

In your opinion, what will this student be doing differently (goal) when the issue that you are referring for is resolved?

What would be a solid **first** step toward meeting this goal?

Has the student already achieved parts of the goal? When?

How would you account for the student's progress toward the goal at those times listed in the previous question?

On a scale of 1-10 (1- lowest to 10- highest)

Where would you rate the present behavior of this student?

What is the highest rating this student has reached, in your observations?

Rate your level of optimism about the possibility of change for this student?

