

High Point Central High School School Counselor Referral

Student Name _____ Date _____

Teacher _____ Grade _____

Preferred day and time counselor can meet with student: _____

___ 1. Poor academic performance

___ Generally off task

___ Non-worker

___ Works consistently below capacity ___ Student comes for tutoring

___ 2. Unacceptable school behavior or emotional and/or social problems

___ Disruptive ___ Overly aggressive, quarrelsome

___ Truancy, frequent absence ___ Known or suspect family problem

___ Lacks social skills (please explain below) ___ Other (explain below)

Describe problem/concerns: _____

Describe what has been done to address this problem/concern:

Actions taken by teacher prior to referral

___ Private conference with student ___ Changed seating assignment ___ Contracts

___ Parent conference (circle) by phone / in person

___ Detention After School

___ Other (explain below)

Please check the appropriate area(s) of concern and provide a description of your specific concerns. You may return this form in person or fold and return it to Anna Lejeune in the Counseling Office. She will give it to the student's counselor.

*High Point Central High School
School Counselor Response*

Student _____ *Date* _____
Referred by _____

The following steps were made as a result of your referral:

- _____ **Individual counseling**
- _____ **Small group counseling**
- _____ **Phone contact with parent/guardian**
- _____ **Letter to parent/guardian**
- _____ **Parent/guardian conference**
- _____ **Follow-up counseling**

Counseling Purpose

- **Discuss student concerns**
- _____ **Offer support and encouragement**
- _____ **Raise student awareness of his/her actions**
- _____ **Reinforce student positives**
- _____ **Identify inappropriate behavior**
- _____ **Consider/discuss/choose alternate strategy**
- _____ **Identify benefits of appropriate behaviors**
- _____ **Set goals**

Additional Comments

HPC School Counselor