

PRIORITY: ___ **Low** (schedule when available) ___ **High** (schedule as soon as possible) ___ **Emergency** (see now)

CONFIDENTIAL SCHOOL COUNSELOR REFERRAL FORM

Date Received _____

Student's Name _____

Grade _____

Parent/Guardian Name _____ Home Ph. (____) _____

Work Ph. (____) _____ Cell Ph. _____

Referred by: ___ Teacher ___ Parent

___ Self ___ Other

Reason(s) for Referral- Problems/Concerns related to: (Please check all that apply.)

Dramatic change in behavior

Nervous/anxious

Over Active

Worries

Perfectionist

Easily distracted

Daydream/fantasizes

Aggression/Anger

Makes Odd Sounds

Grief

Swearing

Stealing

Fears

Fighting

Destruction of Property

Sadness

Lying

Sexual Acting Out

Always tired

Bullying

Peer Relationships

Motivation

Disrespectful

Social Skills

Inattentive

Defiant

Personal Hygiene

Withdrawn

Hurts self

Family Concerns

Self image/confidence

Impulsive

Academics

Absences

Drop out risk (H.S.)

Work habits/organization

Completion of Assignments/Homework

Other _____

Clarify Referral Problem / History:

ACTIONS taken by the person referring this student, if applicable: (Please attach copies of any interventions attempted)

Have you contacted parent/guardian about your concern? Y/N Date: _____ Explain below the outcome of parent contact:

What other services is student receiving (Cornerstone, out of school counseling, etc.)?

Signature of Person Making Referral

Date of Referral

Return to Mrs. Webster – websten@gcsnc.com or websternb@guilford.edu

Phone number – (336) 316-2861