

# School Counselor Referral Form

For Teachers



Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Best time to see: \_\_\_\_\_

Teacher: \_\_\_\_\_

Reason for referral:

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What will this student be doing differently (goal) when the problem(s) is solved?:

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What would be evidence of a solid first step toward meeting this goal?:

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Parent contacted about referral\*: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please check all that apply to this referral:

Attendance concerns:

- ☐ # of Tardies \_\_\_\_\_
- ☐ # of Absences \_\_\_\_\_
- ☐ # of Days Left Early \_\_\_\_\_

Behavioral concerns:

- ☐ Fighting
- ☐ Bullying
- ☐ Disrespectful or Defiant Behavior
- ☐ Inappropriateness
- ☐ Peer/Social Problems
- ☐ Stealing

Achievement concerns:

- ☐ Change in work quality
- ☐ Cheating / Dishonesty
- ☐ Homework completion
- ☐ Decline of grades

On a scale of 1-10, please identify how serious (immediate) this problem is:

Less Serious

1  
○

2  
○

3  
○

4  
○

Moderately Serious

5  
○

6  
○

7  
○

8  
○

Very Serious

9  
○

10  
○

(\*Required unless issue is confidential in nature or inappropriate to share with parent).

# Sample School Counselor Referral Form

**Siddappa N.Byrareddy**

A red circular graphic with a gradient, appearing as a partial circle or a thick arc, located to the right of the author's name.

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