School Counseling Referral Form

Student Name: ____________________________ Date: ________________

Grade: □ 9th □ 10th □ 11th □ 12th  School Counselor: □ Clavell □ Le □ Maas □ Munoz □ Pringle

Parent/Guardian Contacted: □ Yes □ No (name) __________________________ Phone # __________________________

Best time to contact parent: _______________________________________________________________________

CPS Report Filed: □ Yes □ N/A  SDPD Report Filed: □ Yes □ N/A

Concerns (Check all that apply): □ Academic □ SST/RTI Request □ Attendance □ Truancy □ Isolated/Withdrawn □ Stress
□ Social Problems □ Bullying □ Family Issues □ Loss/Death □ Behavior □ Anger □ Drugs/Alcohol □ Peer Relations □ Teacher/Staff Conflict
□ Gang Affiliation □ Other __________________________

Significant Change In: Behavior □ Self-esteem □ Academic Performance □ Attendance □ Friends/Crowd □ Other __________

Presenting Issue and Concern:

Previous Interventions:

Response to Intervention:

□ Referral to Attendance Intervention Council (AIC):

Please make sure the following steps have been taken before referring to the AIC:

- One-on-one conference with student to share your attendance concerns. Address specific expectations, honor student voice and provide a chance for the student to self correct.
- Call home (actual contact/communication with parent/guardian) Share concerns, student strengths and expectations. Request parent support and share teacher initiated strategy or solution to presenting issue of concern.
- Communicate with student’s counselor for support services

Referral From: ____________________________ Phone: __________________________ Email: __________________________

After completing above information, turn form into Counseling Secretary or put in school counselor’s box.
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Completed by Counselor: ____________________________  □ Reply made to referral source  □ Entered into data file

| Date of Contact: ____________________________ |
| □ Special Ed. Case Manager ____________________________ |
| High Risk Concerns: □ Cutting/Self-Injury □ VOC □ Mental Health □ Current S.I. ____________________________ |
| □ Other ____________________________  Case Status in HC: □ Open ____________________________ □ Suspended (3mo. F/U) □ Closed |

All Referrals Made: □ CPS □ Police □ Health Center □ Parent Center □ Advocates □ K. Harley □ T. Clavell □ T. Maas

□ Counseling Intern □ Other Referrals ____________________________

Notes: _________________________________________________________________________________________________
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