

Counselor Referral Form

Student: _____ Date: _____

Your name: _____

Would like to remain anonymous Yes ___ No ___

If you are concerned about a student and would like a counselor to gather information and talk to that student confidentially, please check the appropriate area(s) and return the form to the counseling office.

_____ **Academic** (declining school work, failure, lack of motivation, etc.)

_____ **School Attendance** (absences, tardiness, suspension, etc.)

_____ **Extra Curricular Activities** (decreasing involvement, etc.)

_____ **Behavior/Emotional** (defiance, sad, angry, cutting, etc.)

_____ **Code of Conduct** (drugs, alcohol, smoking, weapons, etc.)

_____ **Physical Appearance** (poor health, cough, neglects self, etc.)

_____ **Peers** (change of friends, withdrawn, fighting with peers, etc.)

_____ **Home and Family** (suffering a loss, death, divorce, family issues, etc.)

Other Comments:
