







School Counseling Referral Form

Student:	Grade:	
Person Referring self	friend parent	staff
Have you previously contact	Date: ed the school counselor regarding to on referring (cell/Email):	this issue? YES NO
R	eason for referral and items to be addre	essed:
ACADEMIC	CAREER/COLLEGE	PERSONAL/SOCIAL
		anger/violence behavior issues body image /eating disorder bullying/cyberbullying character ed(empathy, honesty, etc.) conflict resolution crisis/trauma death/grief deployed parents depression/sadness divorce/family relationships drama (girl or boy) circle one family resources needed friends/peer pressure grandparent as guardian hygiene/manners incarcerated parents internet safety/social networking negative self talk/self-esteem personal boundaries pregnancy relationships(friends, boy/girl friend) self injury(cutting) sexual orientation single parent home social skills stranger danger substance abuse suicide prevention suspected abuse(give details in box) other(explain in box)