**J.S. Abrams Elementary School**

**COUNSELING REFERRAL FORM**

Principal: Dr. Armentress Robinson

**Counselor: Janìca Dudley**

PRIORITY: \_\_\_ **High** (schedule Immediately)

\_\_\_ **Low** (schedule as soon as possible)

**Student’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_

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

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| --- |
| {PLEASE CHECK APPROPRIATE BOXES} |

[ ] Disrespectful/Defiant [ ] Nervous/anxious [ ] Stealing [ ] Grief/Sadness

[ ] Aggression/Anger [ ] Perfectionist [ ] Peer Relationships [ ] Absences/Tardy

[ ] Inattentive/Withdrawn [ ] Profanity [ ] Personal Hygiene [ ] Hurts Self/Others

[ ] Self-image/confidence [ ] Fighting [ ] Family Concerns [ ] Inappropriate Gestures

[ ] Easily distracted [ ] Declining Grades [ ] Dramatic change in behavior

[ ] Destruction of Property [ ] Dishonest [ ] Bullying [ ] Gang Affiliation

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