**Evergreen Elementary School**

**Counseling Referral Form**

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

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I am referring\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for the reasons listed below:**

 **\_\_\_absences \_\_\_\_family concerns \_\_\_\_self concept**

 **\_\_\_always tired \_\_\_\_fighting \_\_\_\_shyness**

 **\_\_\_anxious in class \_\_\_friends \_\_\_\_test grades**

 **\_\_\_bullying \_\_\_homework \_\_\_\_unhappy**

 **\_\_\_classwork \_\_\_worried \_\_\_\_depressed**

 **\_\_\_inattentiveness \_\_\_withdrawn**

**Comments/other concerns:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are the parents requesting counseling:\_\_\_yes \_\_\_\_no**

**What is a convenient time for me to schedule this student for counseling?**

**Teacher signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**