DRISCOLL SCHOOL COUNSELING REFERRAL FORM

Date_____ Student's name _____

Grade_____ School_____ Teacher_____

Referred by (if different) _____

Reason(s) for referral:

[ ] Motivation	[ ] Friendship problems	[ ] Absences	[ ] Anger
[ ] Bullying	[ ] Peer Relationships	[ ] Tardy	[ ] Dishonest
[ ] Swearing	[ ] Inattentive	[ ] Withdrawn	[ ] Grief
[ ] Divorce	[ ] Hyperactive	[ ] Stealing	[ ] Fears
[ ] Fighting	[ ] Social Skills	[ ] Depression	[ ] Sadness
[ ] Worries	[ ] Personal Hygiene	[ ] Perfectionist	[ ] Other_____
[ ] Stressed	[ ] Lying	[ ] Destruction of Property	

Concerns (include other staff)

_____
_____
_____
_____
_____
_____

Interventions tried _____
_____
_____

Have you contacted parent/guardian about your concern? (date) _____

Explain_____
_____

What other services is student receiving (AEA 267, out of school counseling, etc.)

_____
_____

Date seen by Counselor_____ Follow-up sessions
_____

DOB_____ Student lives with _____

Mother _____ Wk/Cell _____ Father _____
Wk/Cell _____