

Phenix City Public Schools Student Referral to Guidance Counselor

RE: _____
Student's Name

FROM: _____
Please Print

TO: _____
Counselor

DATE: _____

I am referring the above named student for the reason(s) checked below:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> always tired | <input type="checkbox"/> depressed | <input type="checkbox"/> hyperactivity | <input type="checkbox"/> test grades |
| <input type="checkbox"/> anxious in class | <input type="checkbox"/> family concerns | <input type="checkbox"/> inattentiveness | <input type="checkbox"/> unable to cope |
| <input type="checkbox"/> attendance | <input type="checkbox"/> fighting | <input type="checkbox"/> parent referral* | <input type="checkbox"/> unhappiness |
| <input type="checkbox"/> bullying/teasing | <input type="checkbox"/> friends | <input type="checkbox"/> self-concept | <input type="checkbox"/> withdrawn |
| <input type="checkbox"/> change in behavior | <input type="checkbox"/> harassment | <input type="checkbox"/> self-referral | <input type="checkbox"/> worried |
| <input type="checkbox"/> class work | <input type="checkbox"/> homework | <input type="checkbox"/> shyness | <input type="checkbox"/> other (please state below) |

Additional concerns:

I have tried the following interventions:

List at least one positive thing about the student you are referring.

The best time for this student to see the counselor is _____ at _____.

Day

Time

**Attach documentation of parent referral.*

Teacher's Signature

Date