**School Counselor Referral**

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_

**Reason for concern (check all that apply):**

*Academic*

* Attendance Impulse Control
* Underachievement Organization
* Focus/Attention Goal Setting
* Following directions Task Completion
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Personal/Social*

* Empathy Negative attitude
* Emotion management Changes at home
* Problem solving Grief (loss or death)
* Teasing Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Being teased

**Please briefly describe your concern:**

**\*\*\*\* PARENT must be notified before a referral is made\*\*\*\*\***

**When is this student successful?**

**What do YOU need, as the teacher?**

**Does this student have a 504 or IEP?** ☐yes ☐no

**Does this student have a Tier II or III plan?** ☐yes ☐no

**Is this an ELL student?** ☐yes ☐no

**Please provide at least 2 time slots in which this student can be pulled to meet with the school counselor.**

**I have contacted the parent and the parent agrees to the referral**

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