

# Counseling Referral Form



- AREAS OF STUDENT CONCERN**
- 1. Academics
  - 2. Attendance (meeting request)
  - 3. Behavior
  - 4. Crisis Intervention Follow up
  - 5. Family Resources
  - 6. Situational (one time)
  - 7. Social/Emotional

\* School \_\_\_\_\_

\* = Required Question

## 1 Student Information

\* Student First Name: \_\_\_\_\_ \* Last Name: \_\_\_\_\_ \* Grade: \_\_\_\_\_

Parent/Guardian Contact Information: (Name/Phone/Email) \_\_\_\_\_

\* Does student have an IEP?  Yes  No

### \* Student Strengths: (Check ALL that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Problem Solver             | <input type="checkbox"/> Interested in class content | <input type="checkbox"/> Class attendance is good |
| <input type="checkbox"/> Articulates feelings/needs | <input type="checkbox"/> Follows instructions        | <input type="checkbox"/> Completes assignments    |
| <input type="checkbox"/> Asks for help              | <input type="checkbox"/> Helpful to others           | <input type="checkbox"/> On Task in class         |
| <input type="checkbox"/> Attentive in class         | <input type="checkbox"/> Makes/maintains friendships | <input type="checkbox"/> Organized                |
| <input type="checkbox"/> Cooperates with others     | <input type="checkbox"/> Compromises                 | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> Sense of humor             | <input type="checkbox"/> Participates in class       |   |

### \* Prior Interventions Tried: (Check ALL that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 1:1 Check In   | <input type="checkbox"/> Provided Breaks                                       | <input type="checkbox"/> Small Group Instructions |
| <input type="checkbox"/> Called parent/caregiver                                    | <input type="checkbox"/> Clarified Expectations                                | <input type="checkbox"/> Seat Changes             |
| <input type="checkbox"/> Provided students with additional time on assignment/tests | <input type="checkbox"/> Modeled Expectations                                  | <input type="checkbox"/> Provide Notes            |
| <input type="checkbox"/> Modified assignments                                       | <input type="checkbox"/> Provided resources to student                         | <input type="checkbox"/> Chunking Assignments     |
| <input type="checkbox"/> Positive Reinforcement                                     | <input type="checkbox"/> Provided resources to family/caregiver                | <input type="checkbox"/> Visual Reminders         |
| <input type="checkbox"/> Accepting Late Assignments                                 | <input type="checkbox"/> Offered to work with students during non-school times | <input type="checkbox"/> Other: _____             |

## 2 Student Concern(s): Check the \*area(s) of concern and complete that section. Add additional notes in the bottom section.

### \* Academics: (Check ALL that apply)

- Behavior challenges  Behind in class work  Fails to complete assignments  Lack of participation  Short attention span, easily distracted
- Other: \_\_\_\_\_

### \* Attendance:

- Frequently absent  Frequently tardy  Cuts classes/Leaves early
- Other: \_\_\_\_\_

Is the student on a SARB Contract? (Mark only one)  Yes  No

Is the student on a SART? (Mark only one)  Yes  No

### \* Behavior Concern:

\* Behavior occurs most in:

- New  Ongoing  Classroom  Unstructured Time  Transition  Other: \_\_\_\_\_

### \* Crisis Intervention Follow up: If a student has an immediate need, please follow your school protocol. This is only a follow up request for counseling support.

When was the risk assessment completed for this student: \_\_\_\_\_ Name Risk Assessment used: (Optional) \_\_\_\_\_

\* Was the counselor provided a copy of the completed risk assessment?  Yes  No risk assessment was completed

### \* Home/Family Life:

- Recent divorce/separation  Homeless  Family alcohol/drug problem  Foster Youth  Other: \_\_\_\_\_
- Lives with someone other than parent  Grief (recent death)  Family history of gang involvement  Probation

### \* Social/Emotional:

- Anger Management  Bullying  Negative Attitude  Self-Esteem  Other: \_\_\_\_\_
- Anxiety  Friendship  Social Skills/Friends  Self Regulation

### \* Situational One Time:

## 3 Provide additional information regarding student concern(s):

\* Referred By (Name): \_\_\_\_\_

\* I am a:  Teacher  Parent  Classified Staff  Admin  Other: \_\_\_\_\_

## Notes : (To Be Completed by Counselor)

### \* Student Concerns:

- Academic (1)
- Attendance (AT)
- Behavior (B)
- Crisis Intervention Follow Up (C)
- Family Resources/Personal Hygiene (FR)
- Situational Support (One Time Check In) (SS)
- Social Emotional (4)

### Aeries Code Alignment

- Parent Contact (2)
- Support Group (23)  
ie (WhyTRY, Project Success)

Received Parent/Guardian Permission Slips Date: \_\_\_\_\_

### Status of Referral:

- Ongoing Counseling Support
- SSO Specialist Support
- Referral to \_\_\_\_\_ (22)  
Name of Community Agency Resource

Date:	Minutes	Code ( )	Notes	SSO Staff Initial(s)

### Action Plan:

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Do you have a student in need of

# Counseling Support?

## Guide to completing the Counseling Referral FORM

Complete the Google Referral FORM OR this hard copy referral FORM.

### SECTION 1: *Student Information*

This section is where you will write in student information including parent/guardian(s) contact in case counselor need to connect with parent/guardian(s). Student Strengths and Prior Intervention Tried check list(s) will provide helpful information for counselor to best support student during the first meeting.

### SECTION 2: *Student Concern(s)*

This section is set up in a check list format with minimal need to write in concern. Please check ANY of the 7 (highlighted in yellow) area(s) of concern. You may check and complete more than one of the area(s) of concern per referral form.

### SECTION 3: *Additional Information*

Write in any additional information regarding your concern and do not forget to put your information so counselor can connect with you regarding the referral.

*Thank you* for connecting your student to  
*counseling support.*