

Small Group Counseling

Referral Form

Teacher Name: _____ Grade: _____

Directions: Please keep this form **CONFIDENTIAL** and return it to Mrs. Green (Elementary Counselor) after completing.

This year, I will be offering a few small groups that will run for approximately 6 weeks at a time. Below you will find places to make referrals for students that you feel would benefit from these small groups. At times, students may miss class to be a part of the small group; however, the groups will only meet *once* a week. I ask that you please be understanding and remember that sometimes academic issues occur because children have other things going on in their life outside of this school building. Small Groups will be based/organized/grouped this way: Kindergarten & 1st Grade, 2nd & 3rd Grade, 4th-6th Grade. Please keep in mind that even though a student is referred for small group counseling, it does not mean they will automatically be put into the group at this time. The groups have a limited number of spots for each 6 week session and parent consent is required for the student to participate. My plan is to start new groups at the beginning of each nine weeks.

SMALL GROUPS

Anger Management/Coping Skills

Social Skills

Behavior/Self-Control

Tough Time/Grief
