

# STUDENT REFERRAL FORM

Student's Name \_\_\_\_\_ Date \_\_\_\_\_  
Teacher \_\_\_\_\_ Grade \_\_\_\_\_

## REASON FOR REFERRAL:

(Please Check)

- |                                   |                             |
|-----------------------------------|-----------------------------|
| 1. _____ Aggressive Behavior      | 8. _____ Depression         |
| 2. _____ Attention Seeker         | 9. _____ Disobedience       |
| 3. _____ Low Self-Esteem          | 10. _____ Negative Behavior |
| 4. _____ Physical Problems        | 11. _____ Hyperactive       |
| 5. _____ Psychological Problems   | 12. _____ Attendance        |
| 6. _____ Home-Oriented Problems   | 13. _____ Poor Hygiene      |
| 7. _____ School-Oriented Problems | 14. _____ Stealing          |
|                                   | 15. _____ Other _____       |

Briefly Describe Reason for Referral:

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## POSITIVE COMMENT ABOUT STUDENT:

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## EFFORTS BY SCHOOL COUNSELOR:

Student Conference ( ) Parent Conference ( ) DHR Referral ( )  
Phone Call ( ) Class Observation ( ) Referral to LPC ( )  
Other \_\_\_\_\_

## SCHOOL COUNSELOR REMARKS:

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DATE OF INITIAL CONTACT WITH STUDENT: \_\_\_\_\_

\_\_\_\_\_  
School Counselor

\_\_\_\_\_  
Date