



Huntington Middle School  
Counseling Department  
**Teacher Counseling Referral Form**

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Teacher: \_\_\_\_\_ Student's homeroom teacher: \_\_\_\_\_

Reason(s) for referral:

*Check all that apply.*

Academic

- Consistent neglect of school work
- Frequent Absences/ Chronic Tardies
- Change in Work Habits
- Failing Grades
- Difficulty paying attention
- Difficulty in reading or math
- Other: \_\_\_\_\_

Social/Emotional

- Disruptive classroom behavior
- Change in Behavior
- Conflict with peers
- Extreme dislike or fear of school
- Inattentive; excessive daydreaming; sleeping
- Anti-social behavior
- Lack of motivation
- Personal/Family Concern or Problems
- Other: \_\_\_\_\_

Please describe your reason(s) for this referral and any additional concerns or information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Steps taken to address concern:*

What interventions are in place?

- Behavior Intervention Plan/Behavior Contract
- 504 Accommodation Plan
- RtI Tier: \_\_\_\_\_
- IEP
- Other: \_\_\_\_\_

Action(s) taken by Teacher:

- Parent phone call (How many times?) \_\_\_\_\_
- Parent conference (How many times?) \_\_\_\_\_
- Student conference (How many times?) \_\_\_\_\_
- Other: \_\_\_\_\_

How long have you had this concern? \_\_ Today \_\_ A Few Days \_\_ One Week \_\_ More than a Week

*Please fold this confidential form and return to the counselor's office.*

*Date Received by Counselor: \_\_\_\_\_*

Has this issue been discussed with the student's parent/guardian? \_\_Y \_\_N

Date of Contact:\_\_\_\_\_ Outcome (Parent Response or Action):

\_\_\_\_\_  
\_\_\_\_\_

Student's attitude toward the problem:

\_\_\_\_\_  
\_\_\_\_\_

I would like:

- you to observe this student.
- to discuss this student with you. I am available at \_\_\_\_\_.
- you to participate in a parent conference on\_\_\_\_\_.
- you to schedule a parent conference.
- you to talk with this student.

Student knowledge of referral:

- has not been discussed with the student
- student is aware of referral
- parent is aware of the referral

*Please rate the severity of this referral.*

On a scale of 1-10, please circle how serious (immediate) this problem is:									
Less serious			Moderately Serious				Very Serious		
1	2	3	4	5	6	7	8	9	10

*Please note: The school counselor will provide acknowledgement of receipt and status of referral within three working days.*

Teacher's Signature\_\_\_\_\_

Counselor Feedback:

- Referral Resolved
- Parent Contacted
- Referred to Administration
- Follow-up Scheduled

Counselor's Signature:\_\_\_\_\_

Miranda Mercer and Sonja Gibson  
Professional School Counselors

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Date Received by Counselor: \_\_\_\_\_*