

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

St. Elmo Elementary School

Parent/Guardian Request for School Counseling Referral Form



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

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Reason for Referral: (check all that apply)

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> <b>Academic</b>          | <input type="checkbox"/> <b>Behavioral</b>      | <input type="checkbox"/> <b>Personal</b>      | <input type="checkbox"/> <b>Other</b> |
| <input type="checkbox"/> low grades/failing       | <input type="checkbox"/> self-esteem/confidence | <input type="checkbox"/> trouble with friends |                                       |
| <input type="checkbox"/> performance/test anxiety | <input type="checkbox"/> chronic sadness        | <input type="checkbox"/> possible abuse       |                                       |
| <input type="checkbox"/> lack of motivation       | <input type="checkbox"/> anger/hostility        | <input type="checkbox"/> grief or loss issues |                                       |
| <input type="checkbox"/> dislikes school          |   |   |                                       |

Briefly describe the primary problem/concern: \_\_\_\_\_

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

Has the problem/concern been discussed at home? \_\_\_\_\_

Has the problem/concern been discussed with the teacher? \_\_\_\_\_

If so, what was the response? \_\_\_\_\_

\_\_\_\_\_

When did the problem/concern begin? \_\_\_\_\_

Any physical concerns or medications related to the issue? \_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

Please return this form to your child's teacher or email the school counselor at [dlewis4@mcpss.com](mailto:dlewis4@mcpss.com)