

Teacher Counseling Request Form

Mrs. Cindy Auld

Student's Name: _____ Grade: _____ Teacher: _____
Date: _____ Parent or Guardian: _____ Telephone Number: _____

(To ensure confidentiality, please do not allow students access to completed referrals. This form should be placed in my box or handed directly to me. Remember that all information on this form becomes privileged and will be shared only on a need to know basis).

Reason for Referral: _____

How does this student perform academically? _____

Have the parents been notified of your concern? _____

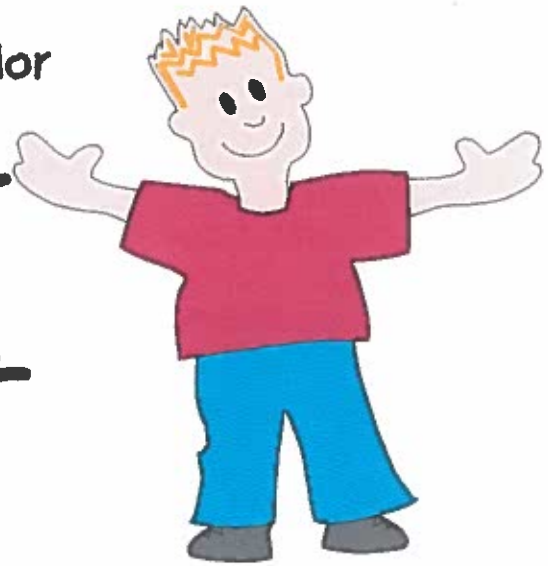
What types of interventions have you tried? _____

Are you aware of any circumstance such as suspected abuse, economic disadvantage, a parent in prison, divorce or separation, death, etc. that may be contributing factor? _____



Cindy Auld, Counselor

STUDENT REFERRAL



Name: _____ Date: _____

Teacher's Name: _____ Grade: _____

Parent's Name: _____

Phone Number: _____

I need to see the Counselor because:
