**COUNSELING REFERRAL FORM**

Describe the problem.

Student’s Name:

Referred by:

Grade:

Date:

Please provide good times to see the student.

1.

2.

Received Referral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Saw Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Followed Up \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Actions To Take

Counselor Notes

If this needs to be handled immediately, please call.

Does the problem happen in specific places or with specific people?

When did this start?

What have you tried so far to address the problem?

Have you been in touch with parents/guardians about this?