

Student Counseling Request Form

Confidentiality Notice: All information submitted in this form will be kept confidential and will be used solely for the purpose of providing counseling services.

1. Personal Information:

Full Name: _____

Grade: _____

2. Reason for Seeking Counseling:

(Please check all that apply and briefly describe your concern if needed.)

- ☐ Stress/Anxiety
- ☐ Depression
- ☐ Relationship Issues
- ☐ Family Issues
- ☐ Academic Concerns
- ☐ Grief/Loss
- ☐ Self-esteem/Confidence Issues
- ☐ Substance Use/Abuse
- ☐ Trauma/Abuse
- ☐ Other (please specify): _____

3. Please provide a brief description of your concerns:

4. How emergent is your need?

- ☐ Emergency (need to be seen ASAP)
- ☐ Sooner than later (meet within a week)
- ☐ When you have time

5. Additional Information (Optional):

Is there anything else you'd like the counselor to know before your session?

Student Counseling Service Referral Form

Student Information:

Student Name: _____

Grade Level: _____

Date of Referral: _____

Referring Teacher/Staff/Parent: _____

Parent/Guardian Contact Information: _____

Reason for Referral (Check all that apply):

- ☐ Academic Concerns (e.g., low grades, difficulty focusing, learning difficulties)
- ☐ Behavioral Concerns (e.g., disruptive behavior, defiance, aggression)
- ☐ Emotional Concerns (e.g., anxiety, depression, mood swings)
- ☐ Social Concerns (e.g., difficulty making friends, bullying, isolation)
- ☐ Family Issues (e.g., divorce, loss, conflict, financial difficulties)
- ☐ Attendance Issues (e.g., frequent absences, tardiness)
- ☐ Other (Please specify): _____

Brief Description of Concern:

Previous Interventions/Support Provided (if any):

Parent Contact Date: _____

Classroom Accommodations Implemented: _____

Behavior Plan in Place: _____

Other (Please specify): _____

Requested Support/Action Steps:

- ☐ Individual Counseling
- ☐ Group Counseling
- ☐ Parent/Guardian Meeting
- ☐ Classroom Observation
- ☐ Referral to External Services (Therapist, Social Worker, etc.)
- ☐ Other (Please specify): _____

Additional Comments

Signature of Referring Party: _____ **Date:** _____

