


|                 |  |       |  |     |  |
|-----------------|--|-------|--|-----|--|
| Student         |  | Grade |  | Age |  |
| Referral Source |  |       |  |     |  |
| Counselor       |  |       |  |     |  |
| Email           |  |       |  |     |  |

|  |           |
|--|-----------|
| Referred to Counselor by   |           |
| Date first seen by counselor   |           |
| Applied Behavioral Analysis/Interventions Attempted or Initiated (include additional pages as necessary) |           |
| Date   | Specifics |
|  |           |
|  |           |
|  |           |

| Counselor's Assessment (in Collaboration with Referring School Teacher/Administrator)     |        |
|---|--------|
| Performs substantially below the performance level for pupils of the same age             | Yes/No |
| Is at least one year behind in completing coursework or obtaining credits for graduation? |        |
| Is the student pregnant or a parent?  |        |
| Has the student been assessed/diagnosed as chemically dependent?                          |        |
| If so, who determined this assessment?  |        |
| Is the student a victim of physical or sexual abuse?                                      |        |
| If so, who diagnosed this?  |        |
| Has the student experienced mental health problems?                                       |        |
| If so, who diagnosed this?  |        |
| Has the student experienced homelessness within the last six months?                      |        |
| Does the student speak English as a second language or has limited English proficiency?   |        |

|   |                       |
|---|-----------------------|
| Student has been suspended, excluded, or expelled?<br>YES NO                          | Dates and explanation |
| Student has received other disciplinary action?<br>YES NO                             | Dates and explanation |
| Student has truancy issues?<br>YES NO<br>Truancy petition filed?<br>YES NO DON'T KNOW | Dates and explanation |
| Student has a social worker or case manager?<br>YES NO                                | Name: Phone:          |

|   |                      |              |
|---|----------------------|--------------|
| Student has a probation officer?<br>YES                  NO                  DON'T KNOW | Name: _____          | Phone: _____ |
| Student has been in treatment?<br>YES                  NO                  DON'T KNOW   | Facility: _____      | Phone: _____ |
| IN-PATIENT                  OUT-PATIENT   | Dates Attended _____ |              |
|   | Contact Person _____ |              |

| <i>Area</i>     |  | <i>Description</i>                  | <i>Other</i> |
|-----------------|---|-------------------------------------|--------------|
| Mood/Behaviors  |   | Anxious/worried                     |              |
|                 |   | Depressed/unhappy                   |              |
|                 |   | Eating disorder/body image concerns |              |
|                 |   | Hyperactive/inattentive             |              |
|                 |   | Shy/withdrawn                       |              |
|                 |   | Aggressive behaviors                |              |
|                 |   | Stealing                            |              |
|                 |   | other                               |              |
| School Concerns |   | Homework not turned in/not complete |              |
|                 |   | Low test/assignment grades          |              |
|                 |   | Poor classroom performance          |              |
|                 |   | Sleeping in class/always tired      |              |
|                 |   | Sudden change in grades             |              |
|                 |   | Frequently tardy or absent          |              |
|                 |   | New student                         |              |
|                 |   | Other                               |              |
| Relationships   |   | Bullying                            |              |
|                 |   | Difficulty with family members      |              |
|                 |   | Illness/death in family             |              |
|                 |   | Parents/divorced/separated          |              |
|                 |   | Suspected abuse                     |              |
|                 |   | Suspected substance abuse           |              |
|                 |   | Parent request                      |              |
|                 |   | other                               |              |

Are additional pages attached to this referral form? \_\_\_\_ Yes \_\_\_\_ No If so, how many pages? \_\_\_\_

### Counselor's Recommendation

- ☐ Refer to alternative
- ☐ Retain in regular education
- ☐ Attempt another intervention

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

\_\_\_\_\_  
Date