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

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|----------------------------------------------------------------------------------------------------------|-----------|
| 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? | |

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