**School Counseling Referral Form**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Person Making Referral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please Note:***

* ***School based counseling addresses only issues that affect the child in school, is problem solving in nature, and is only short term.***
* ***The school counselor is not a therapist, does not make diagnoses, and does not provide therapy.  (A list of local professional therapists is available upon request.)***
* ***Signed consent form is required for ongoing counseling sessions.***

**1.  Reason for referral:**

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**2.  Have parent and teachers discussed concern?  What was the outcome?**

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**3.  Possible issues or circumstances contributing to the referral:**

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**4.  What strategies/techniques have you tried with your child and what were the results?**

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***(Use the back of the form if more room is needed.)***