

Counseling Referral Form



Date: _____

Referring Teacher: _____

Extension: _____

Student Name: _____ ID _____ Grade _____

Reason for Referral

Academics: _____

Attendance/Truancy: _____

Behavior: _____

Social Emotional Needs: _____

Other: _____

Have the student's parents requested counseling? Yes No

Have you discussed your concerns about the student with:

Student: _____ Parent: _____ Administrator: _____ RTI Team: _____

What was the outcome? _____

FOR COUNSELOR USE ONLY

Date Referral was received: _____

Grades in Progress: Math _____ ELA _____ Science _____ Soc. Studies _____ Other _____

STAAR Data: Math _____ Reading _____ Writing _____ Science _____ Social Studies _____

Action taken by counselor:

Followed up with: _____ Date: _____

Student Parent Teacher CIS Security Agency Principal Asst. Principal Staff Member Other