

## Counseling Referral Process

For parent/guardian referral

Fill out the Contact form below to set up a time to meet with the counselor. Send a note or an email to the counselor requesting contact.

- Student Name:
- Class:
- Class Teacher:
- Detailed description of reason for referral (be specific) :
  
- Has the problem/concern been discussed with the teacher?  
\_\_\_\_\_ If so, what was the response?
  
- When did the problem/concern begin? Within: \_\_\_24 hours \_\_\_3 days \_\_\_7 days \_\_\_ 2 weeks ago \_\_\_1 month ago \_\_\_more than 1 month ago, please specify: \_\_\_\_\_
  
- Is the student aware of this referral?  Yes  
 No

You may download, print, and send the referral to school with your child OR you can request a referral form from your child's teacher and they will send one home.

*Thank you for your cooperation.*

*School Counselor*