



Counselor's Referral Form

For Office Use Only:	
<input type="checkbox"/>	High
<input type="checkbox"/>	Moderate
<input type="checkbox"/>	Low

Referred for: Academic Reasons _____
Personal Reasons _____

Date: _____

To: _____
Counselor

From: _____
(Printed Name)

I.D. # _____ Student's Name _____

Address _____ Home Phone# _____ Grade _____

Parent's Name _____ Cell/Work # _____

State Referral Reason: _____

Interventions used by Teacher/Staff: _____

Teacher/Staff Signature _____ Date: _____

Counselor's Comments: _____

Counselor's Signature _____ Date: _____

WHITE - Counselor's Copy

CANARY - Teacher's/Staff Copy

PINK- Administrator's Copy