Date:_____

School Counselor / Mental Health Referral

Referred by (name & title):_____

Student Information

Student name:_____ Grade:_____ Age:_____

Parent / Guardian's name(s):_____ Phone #:_____

Staff Member's concerns/challenges pertaining to Student:

❑ Academic ❑ Behavior ❑ Emotional Management
❑ Social Interactions ❑ Trauma ❑ Family Hardships
❑ Other:_____ ❑ Grief ❑ Environmental Hardships

Behavioral &/or medical history related to current concerns/challenges:

1. _____
2. _____
3. _____

Previous classroom/individual strategies/interventions to remedy current concerns/challenges:

1. _____
2. _____
3. _____

What specific goals would you like to see this student work on:

1. _____
2. _____
3. _____

Student's strengths:

1. _____
2. _____
3. _____

Additional helpful information: