

PERU SCHOOL COUNSELING REFERRAL FORM

(Please place completed referral in Counselor's mailbox)

Student's name: _____ Grade: _____

Teacher: _____ Date Referral Submitted: _____

Referred by (if different): _____

Behaviors that interfere with the student's academic and/or personal/social success:

- | | | | | |
|--|---|--|---|--|
| <input type="checkbox"/> Dramatic change in behavior | <input type="checkbox"/> Always tired | <input type="checkbox"/> Self-image/confidence | <input type="checkbox"/> Fears | <input type="checkbox"/> Family Concerns |
| <input type="checkbox"/> Worries | <input type="checkbox"/> Motivation | <input type="checkbox"/> Tardy | <input type="checkbox"/> Divorce | <input type="checkbox"/> Academics |
| <input type="checkbox"/> Daydream/fantasizes | <input checked="" type="checkbox"/> Inattentive | <input type="checkbox"/> Nervous/anxious | <input type="checkbox"/> Lying | <input type="checkbox"/> Grief |
| <input type="checkbox"/> Personal Hygiene | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Absences | <input type="checkbox"/> Fighting |
| <input type="checkbox"/> Chews (paper/clothes/hair) | <input type="checkbox"/> Cries easily for age | <input type="checkbox"/> Aggression/Anger | <input type="checkbox"/> Stealing | <input type="checkbox"/> Defiant |
| Sadness | <input type="checkbox"/> Swearing | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Non-touchable/pulls away | |
| <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Bullying | <input type="checkbox"/> Disrespectful | <input type="checkbox"/> Completion of Assignments/
Homework | |
| <input type="checkbox"/> Hurts self | <input type="checkbox"/> Over Active | <input type="checkbox"/> Makes Odd Sounds | <input type="checkbox"/> Social Skills | |
| <input type="checkbox"/> Destruction of Property | <input type="checkbox"/> Sexual Acting Out | <input type="checkbox"/> Peer Relationships | <input type="checkbox"/> Work habits/organization | |

Other _____

Brief Summary of Concerns:

Interventions tried:

Have you contacted parent/guardian about your concern(s)? _____ Explain:

Best time to pull child from classroom:

Counselor Assigned: _____ Initial Session: _____

Priority:

__Low(schedule when available) __ Moderate(schedule within 3 weeks) __ High(schedule as soon as possible)