

School Counseling Services: REFERRAL PROCESS
Parent/Guardian Referral

I am requesting that the School Counselor, Mrs. Smallwood, talk with my child:

Urgent—today! As soon as possible After the school counselor and I talk

Student's Name _____ Grade _____

Classroom/Homeroom Teacher _____

Your Name _____ Relationship to Student _____

Phone _____ Best times to reach me _____

Your Signature _____ Date _____

My child's strengths include

My primary concern(s) (Check all that apply):

Something's wrong but I don't know what

A loss (e.g. death of a person or pet, loss of a friendship, parents' divorce)

Anger

Perfectionism

Relationships with friends/peers

Relationships with adults (parents/teachers)

Relationships with brothers/sisters

How my child is treated by others

Feelings of negativity, discouragement, self-doubt

Unhealthy or unsafe choices

Study skills, grades and schoolwork

Other Concern(s) _____

Additional information regarding concern(s):

Return this form to Guidance and Counseling Office. I will contact you as soon as possible.

