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Allegheny Intermediate Unit

Educational Opportunities • Innovative Solutions • Leadership Excellence

School Counseling Referral Form

(Complete all information & return to School Counselor)

Student: ______________________ Referred by: ______________________

Grade: ______________________ Parent/Guardian(s): ______________________

Date of referral: ______________________ P/G Phone #: ______________________

Student D.O.B. ______________________ P/G E-mail: ______________________

Reason for referral: (check all that apply)

Academic:	**Behavioral**:	**Personal/Home**:	**Emotional**:
☐ Low grades/Failing	☐ Poor social skills	☐ Illness/Death/Loss	☐ Anxious/worried
☐ Performance/test anxiety	☐ Bullying	☐ Separation/Divorce	☐ Depressed/unhappy
☐ Poor organization	☐ Difficulty making/keeping friends	☐ Suspected abuse	☐ Shy/withdrawn
☐ Lack of motivation	☐ Impulsive	☐ Suspected substance abuse	☐ Anger/hostility
☐ Frequently absent/tardy	☐ Inattentive	☐ Recent move	☐ Mood swings
☐ Poor attention	☐ Aggressive behaviors	☐ Exposure to violence	☐Self-esteem
☐ New/transfer student	☐ Unusual/"odd" behavior	☐ Fighting with family members	Other (not listed):
☐ Dislikes school	☐ Stealing		

Has the concern been discussed with parent/guardian(s)? ☐ YES ☐ NO, **MUST HAVE AT LEAST 1 CONTACT**

When did the problem begin? ____

How is this issue interfering with the student's academic progress: ______________________

____

What goal do you want this student to achieve?: ______________________________

____

When is the best time of day to work with the student? ____________________________

Return to School Counselor when complete

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Counselor to complete with Principal

Are there any custody issues that the school counselor needs to be aware of? ☐ YES ☐ NO

Does the school have custody orders on file pertaining to the student? ☐ YES ☐ NO

***If yes, please attach copy of custody order**.

Administrator Approval: ____________________ Counselor Approval: ____________________

Date Received: ________________ 1st Follow-Up: ________________

Consent Sent: ________________ 2nd Follow-Up: ________________

CONFIDENTIAL