



**Brent Elementary School
Confidential School Counselor Referral Form
School Counselor: Nancy Rouse**

PRIORITY: *Low (schedule when available)* *High (schedule as soon as possible)* *Emergency (see now)*

Date of Referral: _____

Student Name(s): _____

Grade: _____ **Classroom Teacher(s):** _____

Referred by: **Teacher** **Parent** **Other:** _____

Name of person making referral: _____

Best way to be reached: **Email:** _____
 Phone: _____

Best time to meet with student(s): _____

Reason(s) for Referral- Problems/Concerns related to: (Please check all that apply)

Academic Concerns:

- Absences Tardies Academic progress concerns
- Easily distracted Work habits/organization Completion of assignments/homework
- Other _____

Personal Concerns:

- Dramatic change in behavior Worries Fears Sadness
- Daydream/fantasizes Grief Always tired Motivation
- Inattentive Withdrawn Cries easily for age
- Self image/confidence Non-touchable/pulls away
- Nervous/anxious Perfectionist Aggression/Anger
- Swearing Fighting Lying Bullying

(PLEASE ALSO COMPLETE BACK SIDE)

Personal Concerns con't:

- Disrespectful Defiant Hurts self Impulsive Over Active
 Chews (paper/clothes/hair) Makes Odd Sounds Stealing
 Destruction of Property Sexual Acting Out Personal Hygiene
 Family Concerns
 Other _____

Social Concerns:

- Peer Relationships Social Skills Peer Conflict
 Other _____

Referral Problem / History Details:

ACTIONS taken by the person referring this student, if applicable:

Have you contacted parent/guardian about your concern? Y N **Date:** [Click here to enter a date.](#)

Explain below the outcome of parent contact:
