

**Request for Counseling Services**

(Please complete the form and send it to the counselor. The student will be called at an appropriate time.)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Counselor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_

 Last First M.

Referring Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period \_\_\_\_

Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Please mark any suggested concerns:  |   |   |

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| **ACADEMIC and/or SCHOOL SUPPORT** * Repeated absences/tardies
* Academic changes
* Behavior in Classroom
* Learning Difficulties
* **SOCIAL**
* Peer conflict/bullying
* Parent/Family Concerns
* Relationships Concerns
 | * **EMOTIONAL AND BEHAVIORAL**
* Self-esteem/ Identity
* Signs of Depression/Anxiety
* Grief/Loss
* Attention Concerns
* **HEALTH/BASIC NEEDS**
* Shortage of basic needs
* Eating concerns
* Health concerns
* Substance Abuse

**Other** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Description of Behavior \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Previous actions taken by referring source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Student conference \_\_\_ Referred to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Parent conference \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Counseling Disposition** (a copy will be returned to referring source upon completion)

* Had conference with the student (date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Parent contacted (date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Referred to an outside agency
* Wish to schedule conference with student and teacher – please contact me
* Wish to schedule conference with student, parent, and teacher – please contact me
* Other – please contact me