**Counseling Referral**

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| --- | --- | --- | --- |
| **Student Name** |  | **Grade** |  |
| **Team** |  |
| **Nature of Concern** |
|  |
| **What has been done prior (talked to student, called home, observations, etc)?** |
|       |
| **Referring Teacher** |  | **Today’s date** |  |
| **Follow-up**  |
|  |
| **Counselor** |  | **Date** |  |