**Counseling Referral**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |  | |