School Counselor Referral Form

Bloom Carroll Intermediate School

Student: _____ Date: _____

Grade: _____ Teacher: _____

Reason for referral (check all that apply)

Academic:

- ☐ Attendance
- ☐ Test Taking
- ☐ Time Management
- ☐ Other_____
- ☐ Study Skills
- ☐ Organization
- ☐ Goal Setting

Personal/Social:

- ☐ Anger Management
- ☐ Bullying
- ☐ Social Skills/Friends
- ☐ Negative Attitude
- ☐ Withdrawn/Shy
- ☐ Honesty
- ☐ Self-Esteem
- ☐ Personal Hygiene
- ☐ Other _____
- ☐ Adjustment
- ☐ Family Conflict
- ☐ Health (family or self)
- ☐ Grief (Loss/Death)
- ☐ Uncooperative/ Defiant
- ☐ Anxiety
- ☐ Theft/ Vandalism

Comments:

Are parents/guardians aware of your concerns? ☐ Yes ☐ Not Yet

Comments:

Best time to take student (Remember I am only here Tuesdays and Fridays)

Time 1:_____ Time 2:_____ Time 3:_____

***When completed, please place in "Referrals" folder in Miss Connor's mailbox ☺ ***