

# School Counseling Referral Form

*Bloom Carroll Elementary School*



Student: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Reason for referral (check all that apply)

## Academic:

- |   |   |
|---|---|
| <input type="checkbox"/> Attendance Concerns  | <input type="checkbox"/> Goal Setting           |
| <input type="checkbox"/> Organization         | <input type="checkbox"/> Study Skills           |
| <input type="checkbox"/> Test Taking Concerns | <input type="checkbox"/> Time Management Issues |
| <input type="checkbox"/> Other _____          |   |

## Emotional/Social:

- |   |  |
|---|--|
| <input type="checkbox"/> Adjustment                       | <input type="checkbox"/> Anger Management                  |
| <input type="checkbox"/> Anxiety                          | <input type="checkbox"/> Bullying                          |
| <input type="checkbox"/> Depression/Extreme Sadness       | <input type="checkbox"/> Divorce/Family conflict           |
| <input type="checkbox"/> Friendship Issues                | <input type="checkbox"/> Grief                             |
| <input type="checkbox"/> Health Concerns (self or family) | <input type="checkbox"/> Impulsive Behavior                |
| <input type="checkbox"/> Negative Attitude                | <input type="checkbox"/> Self-Esteem (lack of)             |
| <input type="checkbox"/> Self-Harm                        | <input type="checkbox"/> Social Awareness/Skills (lack of) |
| <input type="checkbox"/> Uncooperative/Defiant            | <input type="checkbox"/> Withdrawn                         |
| <input type="checkbox"/> Other _____                      |  |

Comments: \_\_\_\_\_

\_\_\_\_\_

Is your student aware of this referral?     Yes     No

Is your student currently in counseling outside of school?     Yes     No

Is your student's physician aware of your concerns?     Yes     No

**Please return the completed form to [kristi.helm@bloomcarroll.org](mailto:kristi.helm@bloomcarroll.org), or return to school with your student.** Your student will be assessed as soon as possible. If it is determined that the student would benefit from counseling intervention sessions, a consent form will be sent home with your student, for you to sign and return.