

School Counselor Referral Feedback Form

This form is completed by the school counselor to provide feedback to the referring staff member regarding a student referral.

Student & Referral Details

Student Name:

Grade/Class: Date of Referral:

Referred By: Role/Relationship:

Counselor Feedback & Action Taken

Date(s) Student was Seen:

Action/Intervention Taken:

General Student Status/Progress:

Recommendations & Next Steps

Suggested Classroom Accommodations/Strategies:

Follow-up Plan:

External Referral Initiated (if applicable):

Counselor Information

School Counselor Name:

Counselor Signature: Date:

Confidentiality Notice: This feedback form is confidential and intended solely for the use of the referring educational professional to assist in the student's academic and social-emotional success.