

Teacher Referral Form for Student Counseling

Instructions: Please complete this form to refer a student for counseling services. Since this form is designed to be printed, please write clearly or type your responses in the fields below before printing.

1. General Information

Date of Referral:

Referring Teacher/Staff Name:

Teacher Email/Contact:

Student Full Name:

Grade / Classroom / Period:

2. Reason for Referral

Primary Concern (e.g., Academic, Social, Emotional, Behavioral):

Specific Behaviors Observed (Describe frequency and intensity):

Recent Changes in Student Performance or Demeanor:

3. Interventions Attempted

Classroom Strategies Tried (e.g., seating change, one-on-one talk):

Have you contacted the parent/guardian? (Specify Date and Response):

4. Additional Details

Level of Urgency (Low, Medium, High - Please explain):

Best Time for Counselor to Meet with Student:

Any Other Relevant Information:

5. Signatures (For Printed Document)

Teacher Signature:

Counselor Acknowledgment Signature: