

# Parent/Guardian Counseling Referral Form

Please complete this form to refer your child for school counseling services. Once completed, please print and return this form to the school counselor or main office.

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## Student Information

Student Full Name:

Date of Birth:

Grade/Class:

Teacher/Homeroom:

## Parent/Guardian Information

Parent/Guardian Name:

Relationship to Student:

Phone Number:

Email Address:

Best Time to Contact:

## Reason for Referral

Please describe the primary reasons you are referring your child for counseling (e.g., academic struggles, behavior changes, social difficulties, family transitions, anxiety, grief, etc.):

Concern 1:

Concern 2:

Concern 3:

## Additional Information

Describe your child's relationships with peers and family members:

Have there been any recent significant changes or events in the child's life? (e.g., move, divorce, loss):

Has your child previously received counseling or other support services?

## Consent for Services

By signing below, I give permission for my child to participate in school counseling services, which may include individual or small group sessions.

Parent/Guardian Signature:

Date: