**REFERRAL FOR COUNSELING**

Return to Counselor

TO: **Jennifer Nichols – SCHOOL COUNSELOR**

FROM:

DATE:

STUDENT:

I am referring this student for reason(s) checked below:

\_\_\_\_ self-concept \_\_\_\_ test grades \_\_\_\_ friends

\_\_\_\_ fighting \_\_\_\_ inattentiveness \_\_\_\_ absences

\_\_\_\_ hyperactive \_\_\_\_ class work \_\_\_\_ homework

\_\_\_\_ family concerns \_\_\_\_ withdrawn \_\_\_\_ unhappy

\_\_\_\_ bullying \_\_\_\_ anxious in class \_\_\_\_ depressed

\_\_\_\_ always tired \_\_\_\_ worried \_\_\_\_ shyness

\_\_\_\_ health \_\_\_\_ hygiene \_\_\_\_ anger

Other concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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The best days/times for this student to leave the classroom are: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please consider this student for \_\_\_\_ individual counseling, \_\_\_\_ small group