

# School Counseling Referral Form

Teacher Name:

Date:

Student Name:

Student Grade:

I am recommending this student for (individual/group) counseling services for support with:

Friendships

Family Issues

Bullying

Behavior

Self Confidence

Academics

Self Regulation

Social Skills

Impulse Control

Conflict Resolution

Anger Management

Grief

Stress

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

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

*If you have time, please also e-mail me at [krystle\\_page@grovetonisd.net](mailto:krystle_page@grovetonisd.net) to let me know this is in my box. For urgent issues, please call.*