![A group of children posing for a photo

Description automatically generated with medium confidence]()

Chickasaw Elementary School

Parent/Guardian School Counseling Referral Form

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade:\_\_\_\_\_\_\_ Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Please circle a reason for referral:

Academic

Attendance Study Skills

Underachievement Organization

Not Completing Work Goal Setting

Inattentive

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal/Social:

Anger Management Adjustment to School

Bullying Family Issues/Conflict

Social Skills/Friends Personal Hygiene

Negative Attitude Grief (Loss/Death)

Withdrawn/Shy Uncooperative/ Defiant

Honesty Anxiety/Fears

Self-Esteem Impulse Control

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

My student needs to see you: Immediately This week