**Evergreen Elementary School**

**Counseling Referral Form**

**Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I am referring\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for the reasons listed below:**

**\_\_\_absences \_\_\_\_family concerns \_\_\_\_self concept**

**\_\_\_always tired \_\_\_\_fighting \_\_\_\_shyness**

**\_\_\_anxious in class \_\_\_friends \_\_\_\_test grades**

**\_\_\_bullying \_\_\_homework \_\_\_\_unhappy**

**\_\_\_classwork \_\_\_worried \_\_\_\_depressed**

**\_\_\_inattentiveness \_\_\_withdrawn**

**Comments/other concerns:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are the parents requesting counseling:\_\_\_yes \_\_\_\_no**

**What is a convenient time for me to schedule this student for counseling?**

**Teacher signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**