***Agua Caliente Elementary School***

***Request for Counseling Services “*CONFIDENTIAL*”***

Sue Romeo (Counselor)



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

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_

**Check All that apply**

**Educational:** **Affective:**

Does not complete class assignments Extremely emotional and sensitive

Does not utilize class-time efficiently Withdrawn

Excessive absences Often seems upset, agitated, worried

Below grade level academically Excessive neglect-nutrition, attire,

emotional (e.g., needs love/attention)

**Social:** Often appears sleepy, hungry, upset

Social skills Low self-image

Peer Pressure Suspect child abuse and/or neglect

Difficulty relating to others (e.g., student/

peer relationships) **Behavioral:**

Recent family crisis leading to abrupt Aggressive / belligerent behavior

change (e.g., academic / emotional) Little or no self-control

Constant misconduct (e.g., repeatedly

OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ disturbs class, defiant, lack of respect)

Description of behavior: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**All information on this form is CONFIDENTIAL and must not be disclosed to anyone not authorized to view it.**

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| **For Counselor use “ONLY”**  Conference with Student (date: \_\_\_\_\_\_\_\_\_\_\_\_) Referral to Community Liaison  Parents contacted (date: \_\_\_\_\_\_\_\_\_\_\_\_) Referral to Section 504  Classroom observation / Gym, Playground, Cafeteria Referral to Nurse  Individual Counseling Referral to Parkland Hospital  Group Counseling and/or Play Therapy Behavior Intervention Plan  Teacher, parents, student conference Violence Risk Assessment  Referral to Student Support Team (SST) Suicide Risk Assessment  OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |