



HMS Counselor Referral Form

Mrs. Christian, Students With Last Name A-K

Ms. Lang, Students With Last Name L-Z

Student's Name _____ **Grade** _____

Parent/Guardian _____

Home/Work/Cell Phones _____

Check the characteristics which generally describes the student's behavior:

- | | |
|---|--|
| <input type="checkbox"/> Difficulty working with others | <input type="checkbox"/> Family concerns |
| <input type="checkbox"/> Poor organization for class | <input type="checkbox"/> Missing assignments |
| <input type="checkbox"/> Disrespectful/disruptive | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Excessive absence and/or tardiness | <input type="checkbox"/> Low self-concept |
| <input type="checkbox"/> Inattentive/distractible | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Unusual temper outbursts | |

Briefly describe the specific incidents that led to the referral:

What goal do you want this student to achieve?

Check which actions have already been made to help the student make the needed changes in his/her behavior.

- Conference with the student
- Parent Contact
- Parent Conference
- Consultation with counselor
- Office Referral
- Other _____

Briefly describe at least three positive strengths about this student:

Date Received: _____ Date of Follow-up: _____ Actions: _____

Counselor Initials: _____