

RESPONSIVE SERVICES: REFERRAL PROCESS
Faculty/Staff Referral Form

Student Name _____ Date _____

Grade Level/ Home Room _____

Referred by: _____ Title: _____

Area(s) of Concern:

Personal / Social Development

Peer Relationships
Family Relationships
Emotional Issues
Other _____

Academic Development

Grades
Attendance
Educational Planning
Other _____

Career Development

Decision-making
Exploration / Planning
Post-Secondary Options
Post-Secondary Applications
Other _____

Pre-Referral Intervention Strategies and Response to Intervention:

Reason for Referral: _____

Student's Strengths/Interests: _____

Specific Observable Behaviors: _____

Parent / Guardian Contacted: No Yes Date: _____ Outcome of Contact: _____

For Professional School Counselor Use Only:

Informed Consent (attached) Yes Date _____ No

Action Plan Date: _____

Parent/Guardian Contact Outside Resource(s) Group Counseling Special Services Individual Counseling Administrator Referral Hotline Other _____ School Nurse Referral

Follow-up with referring person Date: _____

CONFIDENTIALITY – See [ASCA Ethical Standards](#) and [FERPA1, FERPA2](#) Guidelines