

## RESPONSIVE SERVICES: REFERRAL PROCESS Parent/Guardian Referral Form

A Professional School Counselor is available for students, parents, faculty and staff by appointment. Please call (\_\_\_\_\_), stop by the counseling office, or e-mail (\_\_\_\_\_) to schedule an appointment.

I am requesting that the Professional School Counselor talk with my child:

\_\_\_ **Urgent—today!**    \_\_\_ As soon as possible    \_\_\_ After the school counselor and I talk

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Classroom/Homeroom Teacher \_\_\_\_\_

Your Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone \_\_\_\_\_ Best times to reach me \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

My child's strengths include \_\_\_\_\_

My primary concern(s) (Check all that apply):

- Something's wrong but I don't know what
- A loss (e.g. death of a person or pet, loss of a friendship, parents' divorce)
- Anger
- Perfectionism
- Relationships with friends/peers
- Relationships with adults (parents/teachers)
- Relationships with brothers/sisters
- How my child is treated by others
- Feelings of negativity, discouragement, self-doubt
- Unhealthy or unsafe choices
- Study skills, grades and schoolwork
- Post-secondary options/Planning now for future
- Other Concern(s) \_\_\_\_\_

Additional information regarding concern(s) \_\_\_\_\_

Return this form to Guidance and Counseling Office. I will contact you as soon as possible.