

RESPONSIVE SERVICES: REFERRAL PROCESS
Student Self-Referral Form (Elementary/Middle School)

Dear School Counselor,

My name is _____ . I am in grade _____ .

My teacher is _____ . My classroom number is _____ .

I need to talk with you about:

- URGENT!!! Something private right away!!!
- The death of a person or a pet I love
- A friend I am worried about
- My angry feelings
- How to get along better with friends/peers
- How to get along better with adults (parents/teachers)
- How to get along better with brothers and sisters
- How others are treating me
- Feeling better about myself
- Saying "NO!" and "STOP IT" when people want me to do things I don't want to do
- My grades and schoolwork
- Planning now for the future
- Something else

Other comments _____

Signed _____ Date _____

Return this form to the Guidance and Counseling Office. I will contact you as soon as possible. If you have indicated this is URGENT!! return the form to a person in the guidance and counseling office or your classroom teacher.