

St. Paul School

School Counseling Referral Form - Parent/Guardian

Child's Name: _____ Date: _____

Teacher: _____ Grade: _____

Parent/Guardian Name: _____

Email: _____ Phone: _____

Please Note:

- ***School based counseling addresses only issues that affect the child in school, is problem solving in nature, and is only short term.***
- ***The school counselor is not a therapist, does not make diagnoses, and does not provide therapy. (A list of local professional therapists is available upon request.)***
- ***Signed consent form is required for ongoing counseling sessions.***

Reasons for Referral: (Check all that apply)

- Low Grades/Failing
- Performance/Test Anxiety
- Organization
- Lack of Motivation
- Dislikes School
- Aggressive/Acting Out
- Impulsive/Hyperactive
- Inattentive
- Withdrawn/Shy
- Anxious
- Anger
- Sadness
- Self-Esteem/Confidence
- Bullying
- Social Skills
- Friendship
- Loss/Grief
- Family Illness/Health
- Safety

What is your primary problem/concern?