

# Eldon Upper Elementary Counseling Services

## REFERRAL FORM

Student: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Please describe your specific concerns about this student and their possible needs, use backside of paper if necessary:

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Have you discussed your concerns with the parent/guardian?

Yes, on \_\_\_\_\_ (date) and their response was **POSITIVE** / **NEGATIVE** (please circle one).

### FOLLOW UP ACTION TAKEN BY COUNSELOR

<input type="checkbox"/> Individual counseling	<input type="checkbox"/> Group counseling referral
<input type="checkbox"/> Spoke to teacher	<input type="checkbox"/> Parent Agreement form sent home
<input type="checkbox"/> Referral to school nurse	<input type="checkbox"/> Consider medical check up
<input type="checkbox"/> Referral to principal	<input type="checkbox"/> Consider outside counseling
<input type="checkbox"/> Contact parent/guardian	<input type="checkbox"/> Hotline report
<input type="checkbox"/> Refer to social worker/SRO	<input type="checkbox"/> IEP/504/Speech/Gifted Referral

Date: \_\_\_\_\_ Comments: \_\_\_\_\_

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Signed: \_\_\_\_\_

Karla Churchman, MS, LPC Professional School Counselor