

GUIDANCE REFERRAL FORM

Name _____ Age _____ Grade _____

Referred by _____ Class _____ Date _____

1. Please indicate referral need:

- _____ Praise, appreciation, accomplishment
- _____ Motivation, encouragement, self-concept development
- _____ Depression, loneliness, sadness
- _____ Tension, anxiety, stress, fear
- _____ Friendship development, peer relationships
- _____ Aggression, hostility
- _____ Family concerns
- _____ Abuse, neglect
- _____ Health concerns
- _____ Study skills, organizational skills
- _____ Other

2. What is the nature of this referral?

3. Have the parents/guardians of this child been contacted concerning this referral?

4. Follow-up (to be completed by the counselor)