

## NOEL ELEMENTARY COUNSELOR REFERRAL FORM

Teacher's Name

Date

Student's Name

Grade/HR

Parent or Guardian

Home/Work/Cell Phones

### Check the characteristics which generally describes the student's behavior:

- |   |   |
|---|---|
| <input type="checkbox"/> Difficulty working with others | <input type="checkbox"/> Excessive absence and/or tardiness |
| <input type="checkbox"/> Poor organization for class    | <input type="checkbox"/> Withdrawn                          |
| <input type="checkbox"/> Seeks constant adult attention | <input type="checkbox"/> Inattentive/distractible           |
| <input type="checkbox"/> Disrespectful/disruptive       | <input type="checkbox"/> Low self-concept                   |
| <input type="checkbox"/> Missing assignments            | <input type="checkbox"/> Unusual temper outbursts           |
| <input type="checkbox"/> Family problem                 | <input type="checkbox"/> Other:                             |

Briefly describe the specific incidents which led to the referral:

What goal do you want this student to achieve?

Check which actions have already been made to help the student make the needed changes in his/her behavior.

- |   |   |
|---|---|
| <input type="checkbox"/> Conference with the student      | <input type="checkbox"/> Conferred with counselor |
| <input type="checkbox"/> Worked with student individually | <input type="checkbox"/> Sent to the office       |
| <input type="checkbox"/> Called parent                    | <input type="checkbox"/> Parent conference        |
| <input type="checkbox"/> Other:                           |   |

Briefly describe at least three positive strengths this student displays

### COUNSELOR FOLLOW-UP WITH TEACHER

Date Received: \_\_\_\_\_

Date of Follow-up: \_\_\_\_\_

Action taken:

Counselor Initials: