

St. Thomas & St. Timothy School
Confidential School Counseling Referral Form

Student Name: _____

Date: _____

Teacher: _____

Grade: _____

Reason for Referral:

Emotional/Interpersonal Concerns:

Academic Concerns:

- Aggression/Anger Management
- Dramatic Changes in Behavior
- Mean Behavior
- Self-Injurious (ex: cutting)
- Peer Relationships
- Social Skills
- Self- Image/Self-Confidence
- Grief and Loss
- Feeling Sad/Unhappy

- Homework Completion
- Study Skills
- Organizational Skills
- Staying on Task

Explanation and interventions that have been attempted (Include dates if possible):

Contact with parents/teacher regarding concern (Include dates and resolutions):

Are you aware of any significant changes in the child's life?

- New STMS Student Death/Loss Major Family Illness Parent job change/loss
- Separation Divorce Other _____

Explanation:

How long has the problem been a concern? _____

What changes would you like to see? _____

Referred By: _____

Principal Signature: _____