



School Counselor Request Form  
*For Students*

The school counselors respond to request forms as soon as we can. If this is an emergency situation (someone is/was/might be at risk of hurting self or being hurt by others) make sure to tell a teacher, parent, or other safe adult about your emergency.

My first name is: \_\_\_\_\_ My last name is: \_\_\_\_\_

Grade Level: \_\_\_\_\_

I would like to talk with the counselor about:

- School
- Myself
- Friends
- Family/Home
- Other: \_\_\_\_\_



School Counselor Request Form  
*For Parents/Guardians*

The school counselors do their best to respond to request forms within 3 days of receiving it. If you need more immediate assistance with this, please contact the school and ask to be connected with the school counselor's office.

First name and last name: \_\_\_\_\_

Your child's first and last name: \_\_\_\_\_

Preferred contact method and information: Please include if you would like to be contacted by phone or email as well as your current phone number or email address.

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I would like:

- To schedule a time to talk with the school counselor regarding my child.
- To schedule a time to talk with the school counselor regarding my community resources.
- The school counselor to arrange a time to talk with my child.
- Other: \_\_\_\_\_

Please describe any other relevant information that you would like to include with this request.

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**School Counselor Referral Form**  
***For Faculty/Staff Members***

A referral to counseling services should be considered when the student's issue(s) is interfering with his or her personal life or academic work or because an observation of a student's personal behavior raises concern. Here are some common reasons to refer students for counseling:

- A student's grade suddenly drops or some apparent change in behavior.
- A student cries often, gets sick daily, or expresses anger or frustration regularly.
- A student has difficulty functioning in the classroom (i.e. behavioral issues like consistent disruption, aggression, or uncooperativeness).
- A student is going through a traumatic or difficult life event (i.e. death in a family, divorce, signs of neglect, etc).
- A student exhibits signs of depression and/or withdrawal.
- A student is in a crisis situation. Crisis situations such as mention of suicidal ideation or intent and threats to harm to self or others. Referrals for this should be immediate.

First name and last name: \_\_\_\_\_

Your child's first and last name: \_\_\_\_\_

Reason for referral:

- Adjustment/Transition
- Anger
- Attention Span
- Anxiety/Nervousness
- Confidence/Self-Esteem
- Effort/Motivation
- Friendship/Peer Interactions
- Grief-Loss/Death
- Personal Hygiene
- Sadness/Depression
- Self-Control
- Study Skills
- Other: \_\_\_\_\_



What are some strategies or interventions that you have tried using with this student(s)? Regarding these strategies, please include: start date/frequency/ and how the student responded.

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Any other comments or relevant information:

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I would like the counselor's next step to be:

- Set up a time to meet with me to further discuss this referral.
- Observe the student(s) in the classroom setting.
- Meet individually with the student(s).
- Other: \_\_\_\_\_

Is the student aware of this referral?

- Yes
- No

Have you notified the parent of this referral (preferred)?

- Yes
- No