

Parent School Counseling Referral Form

**Please Note: A permission slip must be signed by a guardian before I can begin meeting with your student*

Student Name/Grade:	Referral Date:		
Referred By:	Relationship to Student:		
<p>Please Choose a Priority Level: Moderate (schedule when available) _____ High (See Student ASAP) _____</p> <p>Is the behavior/concern happening at home, school or both? <i>Circle one</i> Home School Both</p> <p>Reasons for Referral (check all that apply)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;"> <p><u>Emotions/Mood:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Anxious/Worried <input type="checkbox"/> Depressed/Unhappy <input type="checkbox"/> Shy/Withdrawn <input type="checkbox"/> Low self-Esteem/Negative Self-Talk <input type="checkbox"/> Angry/Low Frustration Tolerance <input type="checkbox"/> Other: <p><u>Other Concerns:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Illness/Death in Family <input type="checkbox"/> Parents Divorced/Separated <input type="checkbox"/> Drug or Alcohol Abuse in the Home <input type="checkbox"/> Homelessness/Sharing Housing <input type="checkbox"/> Physical Violence <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Financial Hardship <input type="checkbox"/> Incarcerated Parent <input type="checkbox"/> Frequent Moves <input type="checkbox"/> Other: </td> <td style="width: 50%; padding: 5px; vertical-align: top;"> <p><u>Relationships:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Bullying or Bullied <input type="checkbox"/> Poor Social Skills <input type="checkbox"/> Frequent Conflicts <input type="checkbox"/> Few or No Friends <input type="checkbox"/> Other: <p><u>Behaviors:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Hyperactive and/or Inattentive <input type="checkbox"/> Aggressive <input type="checkbox"/> Stealing and/or Lying <input type="checkbox"/> Blurting Out and/or Arguing <input type="checkbox"/> Other: <p><i>Please list some interests, talents and/or positive attributes about your student:</i></p> </td> </tr> </table>		<p><u>Emotions/Mood:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Anxious/Worried <input type="checkbox"/> Depressed/Unhappy <input type="checkbox"/> Shy/Withdrawn <input type="checkbox"/> Low self-Esteem/Negative Self-Talk <input type="checkbox"/> Angry/Low Frustration Tolerance <input type="checkbox"/> Other: <p><u>Other Concerns:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Illness/Death in Family <input type="checkbox"/> Parents Divorced/Separated <input type="checkbox"/> Drug or Alcohol Abuse in the Home <input type="checkbox"/> Homelessness/Sharing Housing <input type="checkbox"/> Physical Violence <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Financial Hardship <input type="checkbox"/> Incarcerated Parent <input type="checkbox"/> Frequent Moves <input type="checkbox"/> Other: 	<p><u>Relationships:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Bullying or Bullied <input type="checkbox"/> Poor Social Skills <input type="checkbox"/> Frequent Conflicts <input type="checkbox"/> Few or No Friends <input type="checkbox"/> Other: <p><u>Behaviors:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Hyperactive and/or Inattentive <input type="checkbox"/> Aggressive <input type="checkbox"/> Stealing and/or Lying <input type="checkbox"/> Blurting Out and/or Arguing <input type="checkbox"/> Other: <p><i>Please list some interests, talents and/or positive attributes about your student:</i></p>
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<p>School Counselor: Amber Fjeldsted Phone: 435-634-7000 Website: https://wcsdcounselor.weebly.com Email: amber.fjeldsted@washk12.org</p>			

Return to School Counselor or Front Office