Amador County Unified School District
Amador County Office of Education

217 Rex Ave. Jackson, CA 95642
209-257-5306

CONFIDENTIAL SCHOOL COUNSELOR REFERRAL FORM

To be submitted to school principal

PRIORITY: ___ Low (schedule when available) ___ High (schedule ASAP) ____ Emergency (see now)

Date Received _____

Student's Name _____

Grade & Home Room Teacher_____

Parent/Guardian Name _____

Home Ph. (____)_____

Work Ph. (____)_____ Cell Ph. _____

Referred by: ___ Teacher ___ Parent ___ Self ___ Other

DOB _____ Student lives with: _____

Reason(s) for Referral- Problems/Concerns related to: (Please check all that apply.)

[ ] Dramatic change in behavior
[ ] Worries
[ ] Daydream/fantasizes
[ ] Grief
[ ] Fears
[ ] Sadness
[ ] Always tired
[ ] Motivation
[ ] Inattentive
[ ] Withdrawn
[ ] Cries easily for age
[ ] Self image/confidence
[ ] Non-touchable/pulls away

[ ] Nervous/anxious
[ ] Perfectionist
[ ] Aggression/Anger
[ ] Swearing
[ ] Fighting
[ ] Lying
[ ] Bullying
[ ] Disrespectful
[ ] Defiant
[ ] Hurts self
[ ] Impulsive
[ ] Over Active
[ ] Easily distracted

[ ] Chews (paper/clothes/hair)
[ ] Makes Odd Sounds
[ ] Stealing
[ ] Destruction of Property
[ ] Sexual Acting Out
[ ] Peer Relationships
[ ] Social Skills
[ ] Personal Hygiene
[ ] Family Concerns
[ ] Absences
[ ] Tardy
[ ] Drop out risk
[ ] Other_____

PRIORITY: ___ Low (schedule when available) ___ High (schedule ASAP) ____ Emergency (see now)

Clarify Referral Problem / History:

_____
_____
_____
_____
_____

ACTIONS taken by the person referring this student, if applicable: (Please attach copies of any interventions attempted)

_____
_____
_____
_____

Have you contacted parent/guardian about your concern? Y/N Date: _____

Explain below the outcome of parent contact:

_____
_____
_____
_____

What other services is student receiving (Out of school counseling, Behavioral health, IEP services etc.)?

_____
_____
_____
_____

_____ _____

Signature of Person Making Referral Date of Referral

PRIORITY: ___ Low (schedule when available) ___ High (schedule ASAP) ____ Emergency (see now)

Below is for the School Counseling office use only:

Initial date seen by Counselor:_____ Counselor: _____

Best time to counsel with student: _____

Follow-up session Date: _____

Outcome: _____

Follow-up session Date: _____

Outcome: _____

Follow-up session Date: _____

Outcome: _____

Follow-up session Date: _____

Outcome: _____

Follow-up session Date: _____

Outcome: _____

Follow-up session Date: _____

Outcome: _____

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