

School Counseling Referral Form
Batesville Intermediate School

Date: _____ Student's Name: _____

Grade: _____ Teacher: _____

Referral Made By: _____

Reasons for Referral:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Motivation | <input type="checkbox"/> Friendship Problems | <input type="checkbox"/> Absences | <input type="checkbox"/> Impulse Control |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Peer Relationships | <input type="checkbox"/> Withdrawn/Sadness | <input type="checkbox"/> Taken from |
| <input type="checkbox"/> Swearing | <input type="checkbox"/> Inattentive | <input type="checkbox"/> Stealing | Home/CHINS |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Perfectionism | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Social Skills | <input type="checkbox"/> Destruction of Property | _____ |
| <input type="checkbox"/> Worries/Anxiety | <input type="checkbox"/> Personal Hygiene | <input type="checkbox"/> Anger | |
| <input type="checkbox"/> Stressed | <input type="checkbox"/> Lying | <input type="checkbox"/> Grief | |

Concerns: _____

Interventions tried: _____

Parents Fill Out Form Above, If Teacher or BIS Employee Fill Out Form Below This Line Too!

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Have you contacted the Parent/Guardian about your concern? (date) \_\_\_\_\_

Have you told the Parent/Guardian that you were referring student to School Counselor? \_\_\_\_\_

Explain Interaction with Parent if Contact was Made About Situation: \_\_\_\_\_  
\_\_\_\_\_

What other services is the student receiving? (IEP, 504, Minds in Motion, ILP, RTI) \_\_\_\_\_  
\_\_\_\_\_

Met with Counselor: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Counselor Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Strategies student will use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Counselor Contacted Parent: \_\_\_\_\_ Time: \_\_\_\_\_

If parent contacted, explanation of discussion: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Follow Up Plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_