



Henry County Schools

School Counselor Referral

CONFIDENTIAL

Student Name _____ DOB _____ Male / Female
Referring Teacher _____ Grade _____ SST Yes / No
Parents/Guardian _____
Home Phone _____ Cell _____ Work (mother) _____ Work (father) _____

REASON FOR REFERRAL

Academic Attendance Behavioral Emotional/Social

Describe the problem: _____

Action previously taken to assist the student: _____

CHECK ALL THAT APPLY

ACADEMIC

declining quality of work incomplete work declining grades satisfactory work
other: _____

ATTENDANCE

excessive absences excessive tardiness excessive early check out

BEHAVIORAL

disruptive in class sleeps in class defiant of authority cheating fighting
 lack of concentration extreme negativism lack of motivation vandalism bullying
 frequently needs discipline throwing objects obscene gestures high temper obscene language
other: _____

EMOTIONAL

loner, withdrawn nervous, anxious depression mood swings erratic behavior
 hygiene concerns older social group boredom written suicide threat
 verbal suicide threat

SIGNIFICANT STRESS FACTORS

substance abuse in family rejection by friends death of a loved one previous abuse
 substance abuse by friends serious illness in the family family tension/divorce new stepparent/sibling
 family financial problems excessive parental pressure diagnosed attention deficit other _____

Have you informed the parent/guardian of this referral? Yes No
Would a conference be helpful in addressing this referral? Yes No

teacher/counselor conference
 teacher/counselor/parent conference
 teacher/counselor/parent/administrator conference

Additional comments: _____

Name of Referring Teacher _____ Date _____

Date Received by Counselor _____

White – Counselor

Yellow – Teacher