

Washington County School District
Elementary School Counseling Referral

Student _____ Grade _____

Teacher _____ School _____

Siblings/Grade in School

K _____ 3 _____
1 _____ 4 _____
2 _____ 5 _____

Resource Yes No

ESL Yes No

Reason for Referral

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Absenteeism #____ | <input type="checkbox"/> Drugs | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Social Skills/Friends |
| <input type="checkbox"/> Adjustment | <input type="checkbox"/> Family Conflicts | <input type="checkbox"/> Inattentive | <input type="checkbox"/> Swearing |
| <input type="checkbox"/> Aggression | <input type="checkbox"/> Family Illness/Health | <input type="checkbox"/> Loss/Death | <input type="checkbox"/> Tardiness |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Fears/Anxiety | <input type="checkbox"/> Motivation/Attitude | <input type="checkbox"/> Vandalism/Theft |
| <input type="checkbox"/> Bullying/Bullied | <input type="checkbox"/> Grades/Academics | <input type="checkbox"/> Peer Relations | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Homeless | <input type="checkbox"/> Personal Hygiene | |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Honesty | <input type="checkbox"/> Self-Esteem | |
- Other _____

Details (be more specific about your primary concerns) _____

Previous Interventions

1. _____
2. _____
3. _____

(Name of individual making referral)

(Position)

(Date)