

# Resurrection Catholic School

## SCHOOL BASED COUNSELING REFERRAL FORM

Student: \_\_\_\_\_ Teacher / Grade: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Counselor: Dawn Stefano  
Date of Birth: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Classified Student? YES NO

1. **Presenting Concern:** (Describe in specific terms which behavior you would like to see modified and *How school counseling* would improve this behavior.)

2. **Strategies Attempted:** (Please list steps taken *within the classroom* and the duration of each.)

3. **Parental Contact:** *Note following...*

- Parental perception of the child's behavior at home:
- What strategies have they already attempted?
- Are they receptive to in-school counseling services for their child?

Date of most recent contact: \_\_\_\_\_

4. **Supplemental Data:** (Family intact? Parents working? Siblings? Medical issues? Etc.)