

STUDENT REFERRAL TO COUNSELOR

Please furnish the following information regarding the student whom you wish to refer to the school counselor.

Student's Name: _____ Grade Level: _____ Referral Date: _____

Homeroom/AVID Teacher: _____ ID Number: _____ Campus _____

Referring Teacher/Administrator/Parent/Student: _____

Home Phone Number: _____

Reason(s) for Referral:

Teacher/Administrator/Parent/Student Signature: _____

Counselor Response/Comment:

Counselor Signature: _____ Date: _____