



# REFERRAL FOR COUNSELING SUTTON ELEMENTARY



<b>Date</b>		<b>Student</b>	
<b>Teacher</b>		<b>Referred by</b>	

**Reason for referral (Check appropriate responses)**

<b>ACADEMICS</b>	<b>BEHAVIOR</b>
Lower grades	Talks of drug/alcohol use
Academic failure	Avoids others
Always behind	Behavioral change
Disorganized	Seems depressed
Apathetic	Sexually inappropriate
<b>ATTENDANCE</b>	<b>HOME SITUATIONS</b>
Frequent absenteeism	Separation/Divorce
Frequent tardiness	Death in family
Frequent illness during school	Illness in family
Frequent leaving school early	Incarceration in family
	Crime victim in family
<b>PHYSICAL SYMPTOMS</b>	Family substance abuse
Poor hygiene	Suspected abuse/neglect
Physical injuries	New baby
Sleeps in class	Foster child
Lack of coordination	Mental illness in family
	Lives with extended family
<b>BEHAVIOR</b>	
Defiance of rules	<b>OTHER COMMENTS:</b>
Irresponsibility	
Stealing	
Sudden outburst	
Obscene language	
Hyperactivity/Impulsivity	
Fighting	

Have you contacted the parents?      Yes                      No

**List any interventions and/or assistance you have offered to the student:**

**URGENCY OF REFERRAL:**      \_\_\_\_\_ Crisis      \_\_\_\_\_ ASAP      \_\_\_\_\_ Within 2 weeks