

Date Received _____

CONFIDENTIAL SCHOOL COUNSELING REFERRAL FORM: STUDENT



Name _____

Date _____

Teacher _____

Grade _____

Why would you like to see your school counselor?

How important is this concern?

☐ High, please see me as soon as possible

☐ Medium, please see me in the next few days

☐ Low, please check in with you have time.

Please provide any, additional information that you would like me to know.
