

# Cesar Chavez Elementary School

## Responsive Counseling Services

### COUNSELING REFERRAL FORM



**Disclaimer:** Responsive counseling services is a Tier II short-term support for students who are experiencing academic, social, and/or emotional challenges that create a barrier towards achieving their personal and academic goals. Students who receive these services are protected under confidentiality guidelines.

**Please complete as many details as possible and return to the School Counselor's Box**

**STUDENT NAME:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**REFERRED BY:** \_\_\_\_\_

**Reason for Referral:** (Check all that apply)

Academic	Social	Emotional
<input type="checkbox"/> Academic Performance/Grades <input type="checkbox"/> Attendance <input type="checkbox"/> Attention/Focus <input type="checkbox"/> Classwork/Homework <input type="checkbox"/> Motivation (academic) <input type="checkbox"/> Other (Specify Below)	<input type="checkbox"/> Aggression <input type="checkbox"/> Behavior/Discipline <input type="checkbox"/> Bullying/Cyberbullying <input type="checkbox"/> Defiance/Oppositional <input type="checkbox"/> Family (Custody/Divorce) <input type="checkbox"/> Self-Control/Behavior <input type="checkbox"/> Social Skills/Relationships <input type="checkbox"/> Other (Specify Below)	<input type="checkbox"/> Anger Management <input type="checkbox"/> Grief/Death <input type="checkbox"/> Depression/Sadness <input type="checkbox"/> Family Matters <input type="checkbox"/> Self-Esteem & Confidence <input type="checkbox"/> Self-Injurious Behavior <input type="checkbox"/> Trauma <input type="checkbox"/> Other (Specify Below)

**Additional concerns or information:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Interventions that have been/are implemented in the classroom prior to counseling referral?**  
(Check all that apply)

<input type="checkbox"/> Student/Parent Conference	<input type="checkbox"/> Change in seating	<input type="checkbox"/> Peer tutoring /One on one	<input type="checkbox"/> Small group RTI
<input type="checkbox"/> Social/Classroom Rewards	<input type="checkbox"/> Behavior Contract	<input type="checkbox"/> Classroom Modifications/ Accommodations	<input type="checkbox"/> Other_____

**Has this issue been discussed with the student's parent/guardian? Y/N**      **Date:** \_\_\_\_\_

**Outcome of Parent/Guardian Contact (Parent Response or Action):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature or Person Making Referral**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**School Counselor**

\_\_\_\_\_  
**Date Received**

Please rate the severity of this referral.

On a scale of 1-10, please circle how serious (immediate this problem is):														
Less Serious					<b>Moderate</b>					<b>Serious</b>				<b>Very Serious</b>
1	2	3	4	5	6	7	8	9	10					