

PRIORITY: ___ **Low** (schedule when available) ___ **High** (schedule as soon as possible)

School District _____

Student's Name _____ Grade ___ DOB _____

First Last

Student lives with: _____ Parent/Guardian Name _____

Home Ph. (____) _____ Work Ph. (____) _____ Cell Ph. (____) _____

Student speaks: _____ Parent speaks: _____

Referred by: _____ Phone: (____) _____

Reason(s) for Referral- Problems/Concerns related to: *(Please check all that apply.)*

- Dramatic change in behavior
- Motivation
- Bullying
- Swearing
- Divorce
- Fighting
- Worries
- Stressed
- Friendship problems
- Peer Relationships
- Inattentive
- Hyperactive
- Social Skills
- Personal Hygiene
- Lying
- Absences
- Tardy
- Withdrawn
- Stealing
- Depression
- Perfectionist
- Destruction of Property
- Anger
- Dishonest
- Grief
- Fears
- Sadness
- Other _____

Concerns:

Interventions tried:

Have you contacted parent/guardian about your concern? Yes ___ No ___ (date) _____

Explain below the outcome of parent contact:

Office location Preferred: Santa Cruz Soquel

I give permission for the school district named above to release this referral information to Family Service Agency and for Family Service Agency to contact me regarding an appointment.

Signature of Parent/Guardian

Date

Verbal permission given by _____ on _____

CONFIDENTIAL SCHOOL COUNSELOR REFERRAL FORM Date Received by FSA _____