Referral to the School Counseling Intern

Student name (or initials) ___________________________________________ Date: ___________

Grade_______ Referred by: ______________________________________________

Major concern about the student:__________________________________________

___Academic Development
   Quality of work
   Scholastic ability
   Time management
   Task management

___Career Development
   Identification of post-secondary options
   Knowledge of careers
   Post-secondary goals
   Engagement in process to achieve goals

___Personal Development
   Personal awareness/acceptance
   Management of behaviors
   Management of emotions
   Personal safety, health, survival

___Social Development
   Peer relationships
   Adult-student relationships
   Diversity tolerance/acceptance
   Respect for rules and rights

Please check the following observations:

I. Academic Performance Observed
   ___declining/poor quality of work
   ___declining/poor grades earned
   ___work often incomplete
   ___work not handed in
   ___difficulty staying on task
   ___motivation appears low
   ___lacks organization skills
   ___work is not challenging to student

II. Classroom Conduct Observed
   ___Talks frequently in class
   ___Distracts other students
   ___Dramatic attention getting
   ___Sleeps in class
   ___Has been caught cheating
   ___Frequent visits to the lavatory

III. Other Observed Behavior
   ___Continual breaking of rules
   For example:
   ___Quarrelsome with peers
   ___Avoided or shunned by peers
   ___Seeks constant adult contact
   ___Frequently withdraws; a loner
   ___Low frustration tolerance
   ___Perfectionist
   ___Depressed (appears sad/cries)
   ___Neglects personal hygiene
   ___Negative
   ___Erratic behavior/mood swings
   ___Inappropriate sexual behavior/language
   ___Physically/verbally abusive toward others
   ___Frequent visits to school nurse
   ___Frequent physical injuries
   ___Talks about hurting self
   ___Has attempted to hurt self

Courses Teacher Grades     # Tardy #Absences   ____# of discipline referrals
____# of detentions
____# of suspensions
Other discipline information:

Other relevant data (test scores, etc.):

Actions:
___ Data gathering/evaluation    ___ Ind. Counseling
___ Consultation with______________ ___ Group work
___ Advising
___ Classroom lesson ___ Other