



The "Great" Columbia Middle School

CONFIDENTIAL COUNSELING DEPARTMENT REFERRAL FORM

Student's Name: _____ Team: _____

Parent/Guardian's Name: _____ Best Contact Number: _____

Support Personnel To Be Seen: _____ Ross (8th) _____ Gibbons (7th) _____ DeLoach (6th) _____ Jones (SW) _____

Priority: _____ Low (see student when available) _____ High (see student ASAP) _____ Emergency (NOW)

Referred By: Student: _____ Other (name): _____

Reason(s) for Referral- Problems/Concerns Related To: *(Please Check all that apply)*

- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Behavior/Withdrawn | <input type="checkbox"/> Academics | <input type="checkbox"/> Absences | <input type="checkbox"/> Tardy/Skipping | <input type="checkbox"/> Grief/Loss of Important Person |
| <input type="checkbox"/> Inappropriate Language | <input type="checkbox"/> Stealing | <input type="checkbox"/> Work Habits | <input type="checkbox"/> Aggression/Anger | <input type="checkbox"/> Destruction of Property |
| <input type="checkbox"/> Organization | <input type="checkbox"/> Fighting | <input type="checkbox"/> Sleeping in Class | <input type="checkbox"/> Bullying | <input type="checkbox"/> Social Skill Concerns |
| <input type="checkbox"/> Motivation | <input type="checkbox"/> Rude/Disrespectful | <input type="checkbox"/> Hygiene | <input type="checkbox"/> Suspected Abuse | <input type="checkbox"/> Suicidal Ideations/Cutting |
| <input type="checkbox"/> Family | <input type="checkbox"/> Self-Esteem | <input type="checkbox"/> Easily Distracted | <input type="checkbox"/> Refusal to Follow Instructions | |
| <input type="checkbox"/> Pathways Referral Needed | <input type="checkbox"/> Mediation | <input type="checkbox"/> Other _____ | | |

Brief Description of Concern/What You Observed:

Action(s) Taken By Teacher/School Staff, If Applicable *(Please attach copies of any interventions if attempted):*

- Spoke to Student(s) Parent Conference Held/Scheduled Referral/Deficiency Detention Consulted with Team/Administration

Parent Contacted In Reference To Concern? Y/N _____ **Dates:** _____/_____/_____