

OHS Counselor Referral Form

Student's Name:

Grade:

Referred by:

Date:

Area of Concern: (select all that apply)

- Aggression/Anger
- Anxiety
- Attendance
- Bullying
- Class disruption/poor work completion
- Conflict with peers
- Depression
- Family Issues
- Grief and Loss
- Health Issues
- Housing/Food
- Hyperactivity/Inattentiveness
- Peer Conflict
- Relationship Issues
- Self Injury
- Suicidal talk/thoughts
- Other

Does this student need to be seen immediately?

Yes

No

Please describe your observations of the presenting issues and provide any additional information that is relevant:

Has the student been notified of the referral?

Has the parent?

For office use only:

Referral assigned to:

Date:

