

School Counseling Request Form

Please use this form to indicate that a child may have a need for school counseling services. This form is used to provide additional information to our student support teams. **The child may be referred for group or individual counseling, or this may result in a plan for other intervention.** This form does not constitute a permission slip for school counseling services.

Student's Name: _____

Date: _____

Grade & Teacher: _____

Person referring & relationship to student: _____

Reason for request					
Sudden change in behavior		Depression		Anxiety	
Self-harm		Peer relationships		Grief	
Trauma		Social skills		Aggression	
Lying		Family concerns		Self image	
Other (please describe): 					

Additional information related to the student or the concern:

Please return to Kimm Moss.