



Washington Grade School District #52

Pat Minasian, Superintendent
303 Jackson Street
Washington, IL 61571

*Working Together
Achieving Excellence
Every Day*

Ph. (309) 444-4182

Fax (309) 444-8538

SCHOOL COUNSELOR REFERRAL FORM

Date: _____ Submitted by: _____ Student Name:

Grade: _____ Teacher: _____ Address:

Parent/Guardian: _____ Cell: _____

Parent/Guardian: _____ Cell: _____

Email Address (if you prefer contact via email): _____

Siblings (Names & Ages): _____

Medications: _____

Reason for Request: _____

Specific behavior/concerns indicating need for services (Please give examples):

What interventions have been attempted with this student?

Have parents/guardians been contacted regarding the problems: ____ Yes ____ No Please
state convenient times for this student to be seen: _____

Additional Comments:

***Parental permission must be obtained before a referral is made to the School Counselor (See reverse side).**

I give my permission for _____ to receive
individual _____
(Student's Name-Please Print)

And/or group counseling with the School Counselor (or Bradley Intern if available) for the
2023-2024 school year.

I understand that I may revoke this permission at any time by contacting the Office of the
Superintendent (309) 444-4182.

Name (Please Print): _____

Relationship to Student: _____

Signature: _____

Date: _____

For questions or concerns regarding counseling services please contact:

WMS

Dari Zaiser

WMS phone: 444-3361

Email: d52dzais@d52schools.com

LGS

Jessa Carlson

LGS Phone: 444-2326

Email: d52jcarl@d52schools.com