Nebraska Comprehensive School Counseling  
Student Referral to School Counselor Form

<table>
<thead>
<tr>
<th>Student Information</th>
<th>Referral Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name __________________________________</td>
<td>Parent Name __________________</td>
</tr>
<tr>
<td>Grade __________________________________</td>
<td>Teacher Title _______________</td>
</tr>
<tr>
<td>Date ___________________________________</td>
<td>Other Phone __________________</td>
</tr>
</tbody>
</table>

Specific Student Concerns

**ACADEMIC**
- Declining quality of work
- Incomplete Work
- Work not handed in
- Academic failure
- Skips study sessions

**ATTENDANCE ISSUES**
- Often tardy to class
- Misses a lot of school
- Has unexcused absences

**CLASSROOM CONDUCT**
- Disruptive in class
- Has temper tantrums
- Inattentive/does not concentrate
- Very negative
- Does not sit still
- Speech is slurred
- Poor organization skill
- Cheats
- Fights
- Inappropriate language

**OTHER CONCERNS**
- Overly Compliant
- Erratic behavior/mood swings
- Changes in peers/friends relationships
- Associates with older groups
- Has fear of failure
- Withdrawn, is a loner
- Seeks constant adult attention
- Defensive
- Neglects personal hygiene
- Depressed
- Unexplained physical injuries
- Has frequent physical complaints
- Inappropriate sexual behaviors/language
- Family issues
- Theft issues
- Has had weapons
- Problems in community

**OTHER COMMENTS:**

Interventions Attempted

Check all that apply: EDUCATIONAL
- Change seating
- Assignment notebook
- Daily sheet
- One-on-one help
- Peer tutor
- University tutor
- Special student conference
- Others (Please list)

Check all that apply: BEHAVIORAL
- Praise
- Clarify rules & expectations
- Clarify consequences
- Forced choice
- Conflict resolution
- Ignore inappropriate behavior
- Proximity control
- Reward system
- Contracting
- Time out
- Loss of privileges
- Detention
- Sent to office
- Other (please list)

Grades

- Math
- Science
- Social Studies
- Literature
- Grammar
- PE
- Art
- Music
- Health
- World Language
Contact with Parents: Outcomes
(Give Dates)

Phone
Outcomes: __/__/______ __/__/______
_____________________

Written __/__/______ __/__/______
Outcomes: ________________________

Meeting Outcome: __/__/______ __/__/______

Other Support Services
___ ESOL Date______ School Social Worker Date______
___ Guidance Date______ School Psychologist Date______
___ Reading Specialist Date______ School Nurse Date______
___ Title I Reading Date______ Administrator Date______
___ Title I Math Date______ Police Liaison Date______

Observations / Comments that may be helpful to the School Counselor:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________
___________________________________________________________________________
___________________________________________________________________________
__________________________
___________________________________________________________________________
