

Washington County School District  
**Elementary School Counseling Referral**

Student \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_ School \_\_\_\_\_

**Siblings/Grade in School**

K \_\_\_\_\_ 3 \_\_\_\_\_

1 \_\_\_\_\_ 4 \_\_\_\_\_

2 \_\_\_\_\_ 5 \_\_\_\_\_

Resource  Yes  No

ESL  Yes  No

**Reason for Referral**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Absenteeism # ___ | <input type="checkbox"/> Drugs                 | <input type="checkbox"/> Hyperactivity       | <input type="checkbox"/> Social Skills/Friends |
| <input type="checkbox"/> Adjustment        | <input type="checkbox"/> Family Conflicts      | <input type="checkbox"/> Inattentive         | <input type="checkbox"/> Swearing              |
| <input type="checkbox"/> Aggression        | <input type="checkbox"/> Family Illness/Health | <input type="checkbox"/> Loss/Death          | <input type="checkbox"/> Tardiness             |
| <input type="checkbox"/> Anger             | <input type="checkbox"/> Fears/Anxiety         | <input type="checkbox"/> Motivation/Attitude | <input type="checkbox"/> Vandalism/Theft       |
| <input type="checkbox"/> Bullying/Bullied  | <input type="checkbox"/> Grades/Academics      | <input type="checkbox"/> Peer Relations      | <input type="checkbox"/> Withdrawn             |
| <input type="checkbox"/> Depression        | <input type="checkbox"/> Homeless              | <input type="checkbox"/> Personal Hygiene    |  |
| <input type="checkbox"/> Divorce           | <input type="checkbox"/> Honesty               | <input type="checkbox"/> Self-Esteem         |  |
| <input type="checkbox"/> Other _____       |  |  |  |

Details (be more specific about your primary concerns) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Previous Interventions**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_  
*(Name of individual making referral)*                      *(Position)*                      *(Date)*