



Carrie P. Meek/Westview K-8 Center
COUNSELOR'S REFERRAL FORM
2015-2014



TEACHER: _____ GRADE LEVEL: _____ DATE: _____

STUDENT NAME: _____ ID #: _____

PLEASE PLACE A CHECK IN THE BOX(ES) WHICH BEST DESCRIBE(S) THE BEHAVIOR OBSERVED:

<input type="checkbox"/>	Has Difficulty concentrating and constantly fidgets
<input type="checkbox"/>	Doesn't complete class work
<input type="checkbox"/>	Doesn't complete homework assignments
<input type="checkbox"/>	Is not working up to known potential in your subject area
<input type="checkbox"/>	Frequently disrupts the class
<input type="checkbox"/>	Display defensive defiant behavior
<input type="checkbox"/>	Is frequently tardy/absent (circle the one that applies)
<input type="checkbox"/>	Frequently appears depressed/withdrawn
<input type="checkbox"/>	Frequently appears lethargic and/or sleepy
<input type="checkbox"/>	Possible retention
<input type="checkbox"/>	Peer mediation
<input type="checkbox"/>	Other (please explain)

ADDITIONAL COMMENTS:

This information is confidential

Best time to speak with:

Teacher _____

Student _____

Have you had a parent conference:

Yes _____ Date _____ No _____

Need to schedule conference _____

