Written: February 6, 2015

Shepherdsville Elementary School
REFERRAL FORM

□ Counselor □ Family Liaison □ FRC

STUDENT NAME: _____ DATE REFERRED: _____

AGE: _____ BIRTH DATE: _____ REFERRED BY: _____

GRADE: _____ HOMEROOM TEACHER: _____

MOTHER: _____ Lives with: ☐
Name/ Phone

FATHER: _____ Lives with: ☐
Name/ Phone

Custody with Guardian (Not Biological Parent): _____

***STUDENT CONCERNS**: please highlight or circle appropriate descriptors*

Abusing others	Clothing	Fears	Nervous/irritable	Sexual Concerns
Academic concerns	Dating relationship	Friendship problems	Nightmares	Sleep/Insomnia
Lack of ambition	Decision-making	Homeless	Obsessions	Social skills
Anxiety	Depression	Low self-esteem	Physical abuse	Stress
Anger/acting out	Divorce/separation	Lack of energy	Physical ailments	Substance abuse
Attendance	Drug / alcohol abuse	Loneliness	Poor concentration	Suicidal thoughts
Attention problems	Eating disorders	Looks/acts tired	Sadness	Toileting Issue
Bullied by others	Emotional abuse	Loss/grief	Self-control	Work Habits
Bullying others	Family concerns	Memory problems	Self-harm	Other

Additional information or concerns: (If there has been previous involvement by other agencies, teachers, administration, etc., please describe/explain.) _____

_____

_____

Past Parent/Guardian Communication: _____

_____

_____

Office Use Only: ADDRESS:

_____

(PO Box No.) (Street Address)

_____

(City) (State)

TELEPHONE /EMAIL: _____

<u>*Notice-If the concern is a possible CPS/Emergency issue please contact the Counselor immediately.</u>