



High School Counselor Referral Form

Please fold in half to protect your privacy and ask to put the form in Mrs. Long's box.

Today's Date: _____

Student Name: _____

Parent Name (if making request): _____

Reason: (Academic, Personal/Social, Spiritual, College/Career)

Please circle: In person meeting Phone conversation Communicate via email

Available Services:

College and career planning, career counseling, study skills review, academic testing, educational/psychological testing and counseling referrals, individual counseling and referrals, parent conference, parent-teacher conference, attendance evaluation, pastoral referral, test score interpretation, course selection (grades 5-12).

If you'd like, please describe the reason for the meeting.