



Elementary and Middle School Counselor Referral Form

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

Today's Date: _____

Student Name: _____

Parent Name if making request: _____

Reason: (Academic, Social, Other) _____

Request to Meet (ASAP, this week, anytime) _____

Available Services:

Study skills review, academic testing, educational/psychological testing and counseling referrals, individual counseling and referrals, speech therapy referrals, parent conference, parent-teacher conference, attendance evaluation, pastoral referral, test score interpretation, course selection (grades 5-8), age-appropriate post-high school educational and career planning, academic enrichment opportunities, service opportunities, social skills and organizational assistance.

If you'd like, please describe the reason you'd like to see the counselor.