

PITTSFIELD ELEMENTARY SCHOOL
Guidance Department
Referral Form

Student: _____ Age: _____ Grade: _____

Date: _____ Telephone: _____

Teacher: _____ Referring Teacher: _____

1. Please circle one letter which indicates the urgency in which the student needs to be seen by the counselor.
- a. Student could benefit from occasional time spent with counselor.
 - b. Student is showing subtle signs of distress which the counselor should be alerted to.
 - c. Student is displaying a moderate degree of difficulty in functioning which may be alleviated with counseling.
 - d. Student needs counseling to deal with a significant ongoing problem.
 - e. Student is in crisis and needs counselor assistance A.S.A.P.

2. Has this student previously received counseling at school? Yes No

3. Does this student receive counseling outside of school? Yes No

4. Have you discussed this referral with the parent(s)? Yes No
What was the response: _____

5. Describe the student's problem: _____

6. I feel this student would respond best to counseling that is

individual group

7. List student(s) that may work well with the student in a group:
