

CDS (Counselor) Referral Form – School Staff

(Child Development Specialist – Michelle Bolinger)

Date: _____ Student Name: _____

Urgency: High/Med/Low (circle one)

Teacher: _____ Grade: _____ Age: _____

Parent/Guardian: _____ Contact Info: _____

Student is currently receiving special services: Y N Type of service: _____

This issue has been discussed with parent/guardian: Y N

Comments: _____

Do we have permission from the parent/guardian to formally meet with this student?

Verbal Permission: Y N

CDS Permission Form: Y N

Comments: _____

REASON FOR REFERRAL (check all that apply):

Academic

Social/Behavioral

Personal

Emotional

- Low Grades
- Motivation/Attitude
- Inattention/Distracted
- Disruptive
- Dislikes School
- Absences/Tardiness
- High Activity Level
- Adjustment Issues
- Skill Deficits
- Other _____

- Peer Relationships
- Social Skills
- Bullying/Bullied
- Physical/Fights
- Verbal Disrespect
- Destructive Behavior
- Dishonesty/Lying
- Withdrawal
- Other _____

- Family Challenges
- Divorce/Separation
- Family Conflict
- Loss/Death
- Drugs/Alcohol
- Personal Hygiene
- Health/Illness
- Other _____

- Dysregulation
- Impulsive
- Anger
- Stress
- Worries/Anxiety
- Trust
- Sad/Depressed
- Self-esteem
- Other _____

Please describe your concerns/reasons for referral (you can also use the back of the form if needed):

Interventions Already Tried/Student Response:

Student's Strengths and Interests:

*Referred By: _____

*Best time ON MONDAYS for me to meet with this student: _____