

# Referral to High School Counselor

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Please check one: (Email, hand deliver or put in my staff mailbox)

- ☐ Student Referral
- ☐ Student Referral by Parent/Guardian
- ☐ Student Referral by teacher, administrator or other school personnel
- ☐ URGENT (Counselor need to talk to student today)
- ☐ NOT URGENT

Please check all that apply:

- ☐ Referral for academic concerns
- ☐ Referral for career concerns
- ☐ Referral for social and personal concerns

Please describe why you are making a referral.

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