



Southern Oregon Education Service District
Counseling Referral Form – Parent

Butte Falls 2020-2021 School Year

(Psychology Services)

Date: _____ Student Name: _____

Urgency: High/Med/Low (circle one)

Teacher: _____ Grade: _____ Age: _____

Parent/Guardian: _____ Phone: _____

Work Phone: _____

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

This issue has been discussed with school staff (teacher/principal/EA): Y N

*I give permission for the Counselor to meet with my child, individually or in groups:

(Parent/Guardian Signature)

Comments: _____

REASON FOR REFERRAL (check all that apply):

- | <u>Academic</u> | <u>Social/Behavioral</u> | <u>Personal</u> | <u>Emotional</u> |
|---|---|---|--|
| <input type="checkbox"/> Low Grades | <input type="checkbox"/> Peer Relationships | <input type="checkbox"/> Family Challenges | <input type="checkbox"/> Dysregulation |
| <input type="checkbox"/> Motivation/Attitude | <input type="checkbox"/> Social Skills | <input type="checkbox"/> Divorce/Separation | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Inattention/Distracted | <input type="checkbox"/> Bullying/Bullied | <input type="checkbox"/> Family Conflict | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Disruptive | <input type="checkbox"/> Physical/Fights | <input type="checkbox"/> Loss/Death | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Dislikes School | <input type="checkbox"/> Verbal Disrespect | <input type="checkbox"/> Drugs/Alcohol | <input type="checkbox"/> Worries/Anxiety |
| <input type="checkbox"/> Absences/Tardiness | <input type="checkbox"/> Destructive Behavior | <input type="checkbox"/> Personal Hygiene | <input type="checkbox"/> Trust |
| <input type="checkbox"/> High Activity Level | <input type="checkbox"/> Dishonesty/Lying | <input type="checkbox"/> Health/Illness | <input type="checkbox"/> Sad/Depressed |
| <input type="checkbox"/> Adjustment Issues | <input type="checkbox"/> Withdrawal | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Self-esteem |
| <input type="checkbox"/> Skill Deficits | <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | | | |

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

Student's Strengths and Interests:

*Referred By: _____