



Southern Oregon Education Service District
Counseling Referral Form – School Staff

Butte Falls 2020-2021

(Psychology Services)

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 signed consent from the parent/guardian to formally meet with the student? Y N Initial: ____

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):

Interventions Already Tried/Student Response: _____

Student's Strengths and Interests: _____

*Referred By: _____