

Pahin Sinte Owayawa
Counseling Referral Form

Date _____ Student Name _____

Grade/Teacher _____ Referred by: _____

Reason (s) for referral/concerns (please check all that apply):

- Change in behavior Oppositional/Defiant Self Esteem Self-Injury
- Change in mood Impulsivity Peer Relationships Family Concerns
- Worries/Anxiety Inattentive Withdrawn Suspected Abuse/Neglect
- Anger/Aggression Grief Depression Academics Absences
- Bullying Other

Clarify referral problem history: _____

Has parent/guardian been contacted about your concerns? _____ Yes _____ No

Counselor Note: _____
