

Individual Counseling Referral

(Please return this form to the appropriate Counselor in the SHS Counseling Department)

Date: _____

Parent/Guardian name (who is making referral): _____

Student's name: _____

Please specify the type of Counseling needed (Circle One):

Personal/Social

Academic

Career/College

Explain Reason for Referral:

Contributing Factors or Important Information needed by Counselor:

Parent's Expectation or Desired Outcome from Individual Counseling Sessions:

Has this issue been discussed with your child? Y N

Parent Signature

Date