DAV PUBLIC SCHOOL B-1, VASANT KUNJ, NEW DELHI

PRIORITY: ____Low (schedule when available) **_____High** (schedule as soon as possible) **____ Emergency** (See now)

CONFIDENTIAL SCHOOL COUNSELLOR REFERRAL FORM **Date Received** _____

Student's Name_____Grade _____Class Teacher_____

Parent/Guardian Name_____Home Ph. (_____)_____

Work Ph. (____)_____Cell Ph._____ Referred by: Parent / Guardian

DOB_____ Student lives with:_____

Reason(s) for Referral- Problems/Concerns related to: (*Please check all that apply.*)

[ ] Dramatic change in behavior
[ ] Worries
[]Daydreams/fantasizes
[ ] Grief
[ ] Fears
[ ] Sadness
[ ] Always tired
[ ] Motivation
[ ] Inattentive
[ ] Withdrawn
[ ] Cries easily for age
[ ] Obesity/Gauntness

[ ] Nervous/anxious
[ ] Perfectionist
[ ] Aggression/Anger
[ ] Swearing
[ ] Fighting
[ ] Lying
[ ] Bullying
[ ] Disrespectful
[ ] Defiant
[ ] Hurts self
[ ]Self image/confidence

[ ] Chews (paper/clothes/hair)
[ ] Makes Odd Sounds
[ ] Stealing
[ ] Destruction of Property
[ ] Sexual Acting Out
[ ] Peer Relationships
[ ] Social Skills
[ ] Personal Hygiene
[ ] Family Concerns
[ ] Eating Habits
[ ] Problems in a particular subject

[ ] Impulsive
[ ] Over Active
[ ] Easily distracted
[ ] Academics
[ ] Absences
[ ] Tardy
[ ] Work habits/organization
[ ] Completion of Assignments/Homework
[ ]Drop out risk (H.S.)
[ ]Other_____

Clarify Referral Problem / History:

_____
_____
_____
_____

ACTIONS taken by the parent/guardian referring the student, if applicable*: (Please attach copies of any interventions attempted)*

_____
_____

What other services is student receiving (special education, out of school counseling, etc.)?

_____
_____

_____ _____

Signature of Parent / Guardian ***Date of Referral***

_____

Relation of Person making Referral