



## School Counseling Referral Form- Form B

### Part 1: To be completed by the school

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

DOB: \_\_\_\_\_

Teacher: \_\_\_\_\_

Gender: \_\_\_\_\_

Grade: \_\_\_\_\_

Does this student have an ROA: \_\_\_\_ Yes \_\_\_\_ No    Does this student have an IIP: \_\_\_\_ Yes \_\_\_\_ No

Reason for Referral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person completing referral: \_\_\_\_\_

I have consulted with our school counselor \_\_\_\_\_ Date: \_\_\_\_\_  
(Counselor's Name)

### Part 2: To be completed by Parent/Guardian

Person completing this form: \_\_\_\_\_

Mother: \_\_\_\_\_

Phone: (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_

Father: \_\_\_\_\_

Phone: (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_

Mailing address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Siblings (name and age):

\_\_\_\_\_  
\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is your child on any medication? \_\_\_\_ Yes \_\_\_\_ No

If yes, what kind and dosage?

\_\_\_\_\_  
\_\_\_\_\_

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I, the parent/guardian of \_\_\_\_\_ DOB \_\_\_\_\_  
attending \_\_\_\_\_ School, hereby give permission for my  
child to be seen by a Northwest School Division School Counselor.

School counselors focus on the personal, emotional, and social needs of students. The counselor meets with students individually or in groups. Counseling happens during the school day (or as otherwise arranged) in private, and discretion is used; confidentiality is of paramount importance. School counselors may be required to assist with crisis intervention and response, and also to give classroom presentations on a variety of topics. When appropriate, counselor work with parents and teachers to provide extra support for students. Unfortunately, school counselors cannot provide counseling to adults or families, but they can assist families with accessing agencies and professionals if additional services are required.

- I understand I have the right to contact the school counselor with any questions or concerns that I may have
- I have been informed and have an understanding of services to be provided

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

### Exchange of Information

All information from this form will be kept confidential under the guidelines of the Freedom of Information and Protection of Privacy Act. The Northwest School Division Student Services Team may exchange any relevant information within their group regarding the services provided to your child. Please note: if there is any information that you do not want shared, please contact the school counselor directly and every discretion will be made to keep it confidential.

## School Counseling Referral Form- Form B

1. **What are your concerns at school or at home? (Please include any information that you think would be beneficial for the counselor to be aware of)**

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2. **Has your child ever been exposed to violence or experienced a trauma? (witnessed abuse, death of a loved one, natural disaster, etc.) If yes, please describe.**

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3. **Please list any other significant background information that may affect your child (disability, allergies, medication, general health/diet, family situation/dynamics and relevant family history).**

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4. **Other agencies/services involved with the child/family?**

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**\*\*\*Please feel free to contact the school counselor with any other information you may want to share or any questions or concerns you may have \*\*\***