

Parent/Guardian Referral for Student

Date _____

I would like to request school counseling services for my child. My child's name is _____ and he/she is in _____ class.

The services that I feel are needed are checked below.

_____ individual counseling (Please note: school counselors provide short-term counseling. If long-term counseling is needed, the counselor will work with you to find an appropriate person or agency).

_____ group counseling

_____ academic and/or career counseling

_____ Others (please list)

This request is based on the following needs:

I can be reached at _____ (address), _____ (telephone), and/or _____ (email). A convenient date and time to reach me is _____.

Signature _____