

Scobee Middle School
Counselor/Social Worker Referral

School Year: _____

Student: _____ Date: _____ Grade: _____
I.D. #: _____ Counselor/Social Worker: _____
Referred by: _____ Date Received: _____

Referral Concern:

- Academic
- Behavioral
- Peer Relationship
- Attendance
- Family Concern
- Emotional Difficulty
- Self Esteem
- Other: _____

Specific details which you are aware of:

Counselor Response/Action:

- Follow up
- Consultation w/ Student
- Parental Contact/Home Visit
- Referral/Report
- Other: _____

Notes from Counselor/Social Worker:

Counselor/ Social Worker Signature