

Conejo Valley Unified School District

Office Use Only

Date Received: _____

Permission Form Sent: _____ Received: _____

CONFIDENTIAL DOCUMENT

*Please staple closed before submitting to counselor

REQUEST FOR COUNSELING SERVICES

Student's Name: _____ Sex: M / F DOB: _____ Previously Retained: Y / N

School: _____ Referred By: _____

Teacher: _____ Room: _____ Grade: _____ Date of Referral: ___/___/___

Mother / Guardian: _____ Hm: Phone: _____ Wk: Phone: _____

Father / Guardian: _____ Hm: Phone: _____ Wk: Phone: _____

I am referring the above named student for the concern(s) checked below:

ACADEMIC:

- classwork
- homework
- test grades
- inattentiveness
- anxious in class
- often absent/tardy
- constantly in motion

BEHAVIOR:

- impulsive
- angry
- shyness
- aggressive behavior
- defiance
- unhappy; cries often
- withdrawn
- poor self-concept
- peer relationships
- steals; takes things
- cries often; seems sad
- lies
- temper tantrums

OTHER:

- grief
- neglect
- hygiene
- worried
- changes in family
- always tired
- chronic illness
- inappropriate sexual behavior

Other concerns: _____

Is the student receiving special services?: RSP Speech ELD Title 1 504 GATE Other

Is the student on medication? If so, please state type: _____

Interventions prior to counseling referral:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Behavior Contract | <input type="checkbox"/> Modified Work | <input type="checkbox"/> Conferred with Student | <input type="checkbox"/> Notified Parent |
| <input type="checkbox"/> Referred to Office | <input type="checkbox"/> Detention | <input type="checkbox"/> Parent Conference | <input type="checkbox"/> SST Referral |
| <input type="checkbox"/> Special Ed Referral | <input type="checkbox"/> Other | | |

Please describe: _____

Other comments: _____

