

**TIFFIN CITY SCHOOLS
COUNSELOR REFERRAL FORM**

Teacher _____ Room _____ Date _____

Student _____ Grade _____

I am referring the above-named student for the reason(s) checked below.

- | | | |
|--|---|---|
| <input type="checkbox"/> self-concept | <input type="checkbox"/> grief/death | <input type="checkbox"/> family issues |
| <input type="checkbox"/> peer-related difficulties | <input type="checkbox"/> behavior change | <input type="checkbox"/> anger management |
| <input type="checkbox"/> academics | <input type="checkbox"/> substance abuse | <input type="checkbox"/> loss |
| <input type="checkbox"/> stress | <input type="checkbox"/> attendance concerns (absences, tardies, truancy) | |

Other concerns: _____

Describe the home situation as you know it: (include parental status: single parent, recently divorced, separated, step-siblings) _____

What goal would you like to see this student reach? _____

The best time for the counselor to see this student is - (give three choices)

