

Holy Family Parish School Parent Counseling Referral Form

Today's Date: _____

Student Name: _____

Student Date of Birth: _____

Home Room Teacher: _____ Grade: _____

Parent/Guardian Name(s): _____

Parent/Guardian Email: _____

Daytime Phone Number: _____

Yes, ___ I give permission for my child _____ to participate in individual or group counseling.

Parent/Guardian Signature: _____

Reason for Referral/Goals:

Based on your observation, please rate the student's current functioning on the following dimensions (1 to 10, with 10 as worst):

<u>Date</u>	<u>Social</u>	<u>Emotional</u>	<u>Academic</u>	<u>Behavioral</u>	<u>Living Skills</u>
At Time of Referral					

Social: The student's ability to develop and maintain peer relationships, and to interact appropriately with peers
 Emotional: The student's ability to maintain a generally positive mood state without significant disturbance (e.g. sadness, irritability, negativity, irritability, etc.)
 Academic: The student's ability to meet the academic demands of his/her environment, including learning, attention, homework completion, test performance, etc.
 Behavioral: The student's ability to meet basic behavioral expectations within the classroom setting relative to their age
 Living Skills: The student's ability to meet basic standards in terms of cleanliness, hygiene, organization, etc.

Please Return Completed Forms to Counselor for Review

Email: counselor@peoriahfs.com

Or give to office to be put in counselor mailbox.