



San Jose Unified School District

DATE:

COUNSELING REFERRAL FORM

STUDENT INFORMATION			
STUDENT NAME: LAST, FIRST & MIDDLE		GRADE:	STUDENT ID#:
CURRENT SCHOOL:	DOB:	AGE:	GENDER: M F
ADDRESS:		CITY/STATE:	ZIP CODE:
STUDENT'S PREFERRED LANGUAGE:		PARENT/GUARDIAN PREFERRED LANGUAGE:	

PARENT/GUARDIAN INFORMATION	
NAME: FIRST & LAST	RELATIONSHIP TO STUDENT:
PHONE #:	ALT PHONE #:
TYPE: HOME CELL WORK	TYPE: HOME CELL WORK

STAFF REFERRAL INFORMATION	
REFERRING STAFF'S NAME:	POSITION AT SCHOOL:

PLEASE MARK ANY AREAS OF CONCERN

- | | | |
|---|--|---|
| <input type="checkbox"/> ACADEMIC/GRADES | <input type="checkbox"/> DISRUPTIVE | <input type="checkbox"/> POOR SELF-ESTEEM |
| <input type="checkbox"/> AGGRESSIVE/FIGHTING | <input type="checkbox"/> FAMILY PROBLEMS | <input type="checkbox"/> RAPID WEIGHT LOSS/GAIN |
| <input type="checkbox"/> ANGER ISSUES | <input type="checkbox"/> FREQUENT ABSENCES/TARDIES | <input type="checkbox"/> SOCIAL SKILLS |
| <input type="checkbox"/> ANXIOUS/OVERLY FEARFUL | <input type="checkbox"/> FREQUENT REFERRALS | <input type="checkbox"/> SUBSTANCE ABUSE |
| <input type="checkbox"/> BULLYING | <input type="checkbox"/> HEALTH (PHYSICAL) | <input type="checkbox"/> SUICIDAL |
| <input type="checkbox"/> DEFIANT | <input type="checkbox"/> MALNOURISHED | <input type="checkbox"/> STRESS |
| <input type="checkbox"/> DEPRESSED/WITHDRAWN | <input type="checkbox"/> MOOD CHANGES | <input type="checkbox"/> UNEXPLAINED BRUISES/CUTS |
| <input type="checkbox"/> DIFFICULTY CONCENTRATING | <input type="checkbox"/> PARENTS/PEERS EXPRESS CONCERN | <input type="checkbox"/> OTHER CONCERNS: |

REASON FOR REFERRAL (PLEASE ELABORATE ON AREAS OF CONCERN):

PRIORITY: (CIRCLE ONE) LOW MEDIUM HIGH/URGENT

SCHOOL LEAD USE ONLY		AGENCY USE ONLY
REFERRED TO:	DATE REFERRED:	DATE RECEIVED:
GUARDIAN CONTACTED & INFORMED OF REFERRAL?		AGENCY PLEASE INITIAL UPON RECEIPT
YES (WHO?):		
NO		
DOES THE STUDENT HAVE MEDI-CAL?	MEDI-CAL #:	
YES NO		
SCHOOL STAFF LAST NAME:		