School Counselor Parent Referral Form

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Child’s Teacher: \_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_

Is your child currently working with a mental health professional outside of the school environment? □Yes □No

I am referring my child for individual or group counseling for the following issues:

□attention issues ADD/ADHD□family issues □sad/unhappy/ depressed

□anger management □friendship/bullying □self-control

□argumentative □grief/loss □ self-esteem/self confidence

□anxious □perfectionism □social skills

□divorce □disorganization □other

Briefly explain your concerns and provide examples of any observed behaviors:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this form, I am allowing my child to participate in individual or group counseling sessions

with the school counselor, LaTonia McDaniels. I hereby acknowledge that I am the legal guardian of

the below named minor child. I understand that while counseling is generally confidential, where

there is risk of harm to self or others, abuse, or other legal requirements, the counselor may be

required to release information to protect clients or others. I understand that in order to provide

service in accord with the highest ethical and legal guidelines and to insure the highest quality of

service, the above information complies with state law, federal privacy acts, and professional

ethical standards.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Minor Child**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/ Guardian Signature & Date Parent/ Guardian Best Phone Number**