

**St. Genevieve Catholic School
Counseling Referral Form**

Student Name: _____	Date: _____
Homeroom Teacher: _____	Grade: _____
Person Recommending: _____	
Contact Information _____	

Mrs. Jill Talbot

Please check the concern that is interfering with this student's school progress. More than one item may be checked if necessary.

- _____ 1. Aggressive Behavior (angry, fights, temper tantrums, yells, curses, destroys property)
- _____ 2. Disruptive Behavior (doesn't listen, easily distracted, interrupts, hyperactive)
- _____ 3. Avoidance Behavior (sleeping, day dreaming, withdrawn, becoming ill often)
- _____ 4. Cheats, lies, denies, exaggerates
- _____ 5. Refuses to cooperate with parents, teachers, or other students
- _____ 6. Expresses concerns through words or pictures
- _____ 7. Engages in self-destructive behaviors
- _____ 8. Appears to have low self-esteem, lacks self-confidence
- _____ 9. Threatens parents, siblings, teachers or students
- _____ 10. Appears anxious/engages in nervous habits (thumb sucking, chewing on things, rocking)
- _____ 11. Dealing with divorce/separation in the family
- _____ 12. Coping with death of family or friend
- _____ 13. Coping with family stressors (health issues, job issues, moving)
- _____ 14. Suspicion of sexual abuse or behavior
- _____ 15. Appears unhappy/depressed
- _____ 16. Peer relations/social skills
- _____ 17. Excessive absences
- _____ 18. Other: _____

Comments: