

WOODBURY HEIGHTS ELEMENTARY SCHOOL

GUIDANCE COUNSELOR REFERRAL

(Please return to the Chief School Administrator's Office)

Date: _____

Student: _____

Grade/Teacher: _____

Parent's Name: _____ Phone #: _____

Individual Completing Referral: _____

Reason for Referral: (Please check and explain)

_____ Behavioral (How does the student act in school?)

_____ Social (How are peer relationships?)

_____ Emotional (How does the student respond to problems?)

_____ Academic (academic problems, homework, tests, etc.)

_____ Other concerns (family, community, medical, legal, etc.)

Have you made the Pupil Assistance Committee aware of this issue?

Has the parent been in contact with you or have you contacted the parent regarding this issue. (please explain)

Administration, please indicate that you have seen this referral by signing your name below. When completed, please place in my mailbox.

Chief School Administrator