EAST AUSTIN COLLEGE PREP

Date_____

Name_____ ID_____ Grade_____

Referred by _____ Relationship to the student_____

Needs to see the counselor:

_____ Immediately _____ As soon as possible _____ Next available time

Reason(s) for referral (check all that apply):

☐ Anger management	☐ Fears	☐ Personal Hygiene
☐ Anxiety/Stress	☐ Fighting	☐ Sadness
☐ Bullying (victim or aggressor?)	☐ Health (family or student)	☐ Self-Esteem
☐ Depression	☐ Homelessness/Basic Needs	☐ Social Skills
☐ Divorce or Domestic Disturbance	☐ Motivation	☐ Theft/Vandalism
☐ Grief-Loss/Death	☐ Parent Request	☐ Truancy
☐ Family Conflict	☐ Peer Relationships/Mediation	☐ Withdrawn
☐ Other(please specify)		

Please share your concerns (include other staff):

What measures/interventions have you taken to address this concern?

Have you contacted parent/guardian about your concern? (date) _____
If so please specify outcome of call/meeting:

What other services is student receiving?

Date seen by Counselor_____ Follow-up sessions_____

DOB_____ Student lives with _____Contact Parent Yes/No

Mother _____ Wk/Cell _____
Father_____ Wk/Cell _____