



Pine Ridge School

Social Work/Counseling Services Referral Form

STUDENT NAME: _____ **AGE:** _____ **GRADE:** _____

DATE: _____ **REFERRED BY:** _____ **RELATION TO STUDENT:** _____

MOTHER: _____ **PHONE:** _____

FATHER: _____ **PHONE:** _____

GUARDIAN: _____ **PHONE:** _____

Reason for Referral: (Check all that apply)

Behavior

- Bullying
- Social Skills (sharing, etc.)
- Lying, Stealing, Cheating
- Sleeping in class
- Withdrawn/Isolated
- Hyperactive
- Communication Skills
- Disruptive Behaviors
- Attendance
- Conflict
- Skipping Class
- Fighting
- Aggressive
- Impulsive/Poor Self Control
- Disrespectful
- Defiant

Person/Family

- Personal hygiene
- Death/Grieving
- Family Relationships
- Drugs/Alcohol
- Divorce/Parent Separation
- Family/Life Changes
- Possible Abuse/Neglect
- Friendships/Peer Relationships
- Death/grieving

Mental/Emotional

- Depression or mood
- Stressed
- Worries/Fears/Anxiety
- Poor Attitude/Outlook
- Suicidal Thoughts/Ideation
- Anger/Aggression
- Self-Esteem

Academic

- Absences/Tardy
- Classwork Completion
- Lacking Motivation
- Following Directions
- Organizational Skills
- Study Skills/Work Habits

Clarify Reason for Referral & Attach Previous Interventions:

For use by Social Worker/Counselor:

Follow-up Date:

Notes: