

Ossian Elementary School Counseling Referral Form

Student: _____ Date: _____

Grade: _____ Teacher: _____

Parents are *currently* Married Divorced Separated Never Married

Who has legal custody of child: _____

Student lives with: _____

Please check any concerns listed below and give a brief explanation.

___ Anger _____

___ Anxiety _____

___ Attendance Issue _____

___ Behavior Issue _____

___ Emotional Issue _____

___ Family Issue ___ separation ___ divorce ___ recent move ___ death

Explain _____

Peer-friendship issue _____

Classroom issue _____

Other issue _____

Guardian(s)' Signatures

Relationship to child

Individual counseling will be offered on a limited basis, typically one 15-minute session per week. By completing this form, you are requesting that your child be seen by a licensed school counselor.

Please contact Mrs. Shelton or Mrs. Albrecht at 622-4179 if you have questions or want to discuss your child's progress.