

Memorial Middle School

Counselor Referral Form

Student: _____ ID# _____ Grade: 6 7 8
circle one

Teacher: _____ Team: _____ Date: _____

O. Salinas
6th Grade

X. Sandoval
7th Grade

N. Vela
8th Grade

M. Acosta
6th-8th Grade

I am recommending the student stated above for individual counseling based on:

_____ **School Attendance**

_____ **Withdrawn / Low Self-Esteem**

_____ **Possible Alcohol / Drug Use**

_____ **Possible Drug Use**

_____ **Suspected Child Abuse / Neglect**

_____ **Peer Pressure**

_____ **Possible Depression**

_____ **Family Issues**

_____ **Suicidal / Homicidal Ideations**

(DO NOT SEND ALONE)

_____ **Aggressive Behavior**

_____ **Difficulty relating to peers**

_____ **Extremely Negative**

_____ **Academic Concerns**

_____ **Lack of Self-Control**

_____ **Teacher / Student Conflict**

_____ **Boyfriend / Girlfriend Issues**

_____ **Continuous Misbehavior**

_____ **Other:** _____

Comments:
