

Individual Counseling Referral

(Please return this form to the appropriate Counselor in the PGHS Counseling Department)

Date: _____

Teacher's name (who is making referral): _____

Student's name: _____

Please specify the type of Counseling needed (Circle One):

Personal/Social

Academic

Career/College

Explain Reason for Referral:

Contributing Factors or Important Information needed by Counselor:

Teacher's Expectation or Desired Outcome from Individual Counseling Sessions:

Has this issue been discussed with your student? Y N

Teacher Signature

Date