

**Parent/Guardian Referral to Counselor  
Northwood Elementary**

Student's Name: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Method of contact you most prefer: \_\_\_\_\_

Dear Counselor: I would like you to meet with this student for the following reason: (Check all that apply)

- |                            |                            |
|----------------------------|----------------------------|
| _____ 1. Class Problems    | _____ 4. Academic Concerns |
| _____ 2. Personal Problems | _____ 5. Other _____       |
| _____ 3. Home Problems     |                            |

Is the student receiving Special Services? [ ] Yes [ ] No

What interventions has your family already received to address this issue:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please note: This referral will be screened immediately. The school counselor will provide acknowledgement of receipt and status of referral within 3 working days.*