

Lincrest Elementary: Counseling Referral Form



Date: _____

Referral Completed by: _____

Relationship to Student: _____

Student Name: _____ Grade: _____

Concerns: Check ALL that apply

____ Anger Management

____ Feelings/Self-Worth

____ Divorce

____ Stress Management

____ Family Adjustment

____ Grief and Loss

____ Self-Harming Behaviors

____ Respecting Differences

____ Depression/Anxiety

____ Other (please specify

Brief description of your concerns:

Does the student have an active SST, 504, or IEP? YES _____ NO _____

If you are aware of any prior or current counseling or social services within the community this student has already received, please describe on the back.

Thank you for taking the time to complete this form. This information is kept confidential by the school. Please return this form to the school counselor.

Madeline Bramer, Lincrest School Counselor

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