

Guidance Referral

Please complete for counselor follow-up. Turn in to secretary or counselor's mail box. Students will be seen as soon as possible. An adult must sign the form. Students may refer themselves.

Student: _____ Grade: _____

Adult: _____ Date: _____

Person requesting referral (circle one): **Student** **Staff** **Parent**

Please check general reasons for request:

_____ friends _____ family _____ grades

_____ absences _____ behavior _____ schedule

_____ other/too personal to write down

Comments: _____
