# Camp Creek Middle School
## Counseling Referral Form

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Grade</th>
<th>Referring Person</th>
<th>Date</th>
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</thead>
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**Degree of Urgency:** (Circle One)  
- Extreme  
- Moderate  
- Mild

**Student’s Homeroom Teacher:**

**Please check any specific observations that apply:**

- __Aggressive__  
- __Disrupts classroom activities__  
- __Fearful/Anxious/Easily upset__  
- __Imature__  
- __Lacks motivation__  
- __Jumps from one activity to another__  
- __Chronically unhappy__  
- __Other (Please specify below)__

- __Argues frequently__  
- __Shy/Withdrawn__  
- __Difficulty making friends__  
- __Disorganized__  
- __Poor study habits__  
- __Underachieving__  
- __Overweight/Underweight__  
- __Easily distracted__

**Concerns/Problems:** (Continue on the back of necessary)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Actions taken before referral (Please attach documentation with referral):**

- __Individual conference w/student__  
- __Discipline referral to Administrators__  
- __Sent note home__  
- __Checked school record__  
- __Held parent conference, # of times ______  
- __Withheld privileges__  
- __Collaborated w/team__  
- __Called home (date): ________________  
- __Other _____________________________

**If Referring for small group counseling, check the need you believe is the most urgent **

- __Self-concept__  
- __Self-Control__  
- __Making friends__  
- __Study skills__  
- __Anger__  
- __Bullying__  
- __Motivation__  
- __Shyness__  
- __Truancy__  
- __Divorce__  
- __Peer Relations__  
- __Truancy__  
- __Transition__  
- __Grief/Loss__

**Circle School Personnel you have consulted:**  
- Principal  
- Asst. Principal  
- Social Wkr  
- mbCase Manager (IEP or 504 Plan)