



Cumberland County Schools  
School Counselor Referral Form  
South Cumberland Elementary

Date\_\_\_\_\_

Student\_\_\_\_\_ Grade\_\_\_\_\_

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

Person Making Referral\_\_\_\_\_

I am referring the above named student for the concern(s) checked below:

_____anger	_____class work	_____grief
_____shyness	_____homework	_____neglect
_____hostility	_____test scores	_____tiredness
_____defiance	_____inattentiveness	_____illness
_____peer relations	_____attendance	_____hygiene
_____anxiety	_____disrespect	_____self-concept
_____friendship	_____bullying	_____withdrawn
_____depressed	_____work habits	_____unhappy
_____family concern	_____aggressive behavior	
_____other _____		

Scholastic Ability

(circle the one that best describes student performance )

Grade Level:      Below                      At                      Above

Comments:

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To be completed by counselor: Date student counseled\_\_\_\_\_

Follow-up

plan\_\_\_\_\_

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