



Mrs. Lashonda Davis, M.Ed.
School Counselor
Wedgewood Elementary School

School Counseling Referral Form

Child's Name: _____ Person Making Referral _____

Teacher: _____ Grade: _____

Parent's Name: _____ Phone: _____ E-mail: _____

Please Note:

- *School based counseling addresses only issues that affect the child in school, is problem solving in nature, and is only short term.*
- *The school counselor is not a therapist, does not make diagnoses, and does not provide therapy. (A list of local professional therapists is available upon request.)*
- *Signed consent form is required for ongoing counseling sessions.*

1. Reason for referral:

2. Have parent and teachers discussed concern? What was the outcome?

3. Possible issues or circumstances contributing to the referral:

4. What strategies/techniques have you tried with your child and what were the results?

(Use the back of the form if more room is needed.)