

Date: \_\_\_\_\_

**WARE COUNTY SCHOOL SYSTEM**  
**Response-to-Intervention & Student Support Team**  
**Referral to School Counselor**

Student		Grade		School	
Date of Birth		Teacher			
Parent/Guardian		Address/Phone			
Referral Source:		Email:			

The student is referred for the following reason(s):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Absences        | <input type="checkbox"/> Fighting               | <input type="checkbox"/> Shyness         |
| <input type="checkbox"/> Academics       | <input type="checkbox"/> Friends                | <input type="checkbox"/> Test grades     |
| <input type="checkbox"/> Always tired    | <input type="checkbox"/> Homework               | <input type="checkbox"/> Withdrawn       |
| <input type="checkbox"/> Behavior        | <input type="checkbox"/> Inattentiveness        | <input type="checkbox"/> Worried/anxious |
| <input type="checkbox"/> Being picked on | <input type="checkbox"/> Personal               | <input type="checkbox"/> Work habits     |
| <input type="checkbox"/> Class work      | <input type="checkbox"/> Picks on/teases others | <input type="checkbox"/> _____           |
| <input type="checkbox"/> Depressed       | <input type="checkbox"/> School adjustment      |  |
| <input type="checkbox"/> Family concerns | <input type="checkbox"/> Self-concept           |  |

What has been attempted?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Letter/notes to parent | <input type="checkbox"/> Conference with student       | <input type="checkbox"/> Referral to MDT   |
| <input type="checkbox"/> Phone contacts         | <input type="checkbox"/> Referral to Office            | <input type="checkbox"/> Referral to RtI-A |
| <input type="checkbox"/> Conference with parent | <input type="checkbox"/> Referral to special education | <input type="checkbox"/> _____             |

How long has the problem been observed? \_\_\_\_\_

Other relevant information (background, family history, medical diagnoses, medication, etc.): \_\_\_\_\_

Indicate if the student has been referred to or is receiving interventions/accommodations from any of the following:      SST \_\_\_\_\_      504 \_\_\_\_\_      Special Education \_\_\_\_\_

When is the best time for the counselor to meet with the student? \_\_\_\_\_

<i>Section below for completion by Counselor only:</i>			
Counselor Name:		Date Received	
1 <sup>st</sup> Contact		Outcome	
2 <sup>nd</sup> Contact		Outcome	
3 <sup>rd</sup> Contact		Outcome	