Small Group Counseling Referral Form

For teachers, families, other staff and students. Return it to the school counselor.

Describe what you see, not a diagnosis. The counselor meets the student before deciding on a group.

Student and referral

Student name _____ Grade _____ Teacher or homeroom _____ Date _____

Referred by (name) _____ Role _____ Best way to reach you (extension, school app) _____

Who is referring, and what is the concern?

This referral comes from:

- ☐ Teacher
- ☐ Parent or guardian
- ☐ Student (self)
- ☐ Other staff
- ☐ Data review

Areas of concern (tick all that apply, circle the main one):

- ☐ Worry, stress or nervousness
- ☐ Anger or calming down
- ☐ Friendships or social skills
- ☐ Self esteem or confidence
- ☐ Family change (divorce, move)
- ☐ Grief or loss
- ☐ Peer conflict or being left out
- ☐ Organization or study habits
- ☐ Test worry
- ☐ Attendance or getting to school
- ☐ New student or transition
- ☐ Other: _____

What you notice: one behavior per line, over the past two weeks

What the student does or says (what you see or hear)	Rarely	Sometimes	Often	Almost always	When or where it happens most
	☐	☐	☐	☐	
	☐	☐	☐	☐	
	☐	☐	☐	☐	
	☐	☐	☐	☐	
	☐	☐	☐	☐	

How long has this been going on? _____ Is it getting better, worse or about the same? _____

What has been tried, and how did it go?

- ☐ Talked with the student
- ☐ Contacted the family
- ☐ Seat, space or schedule change
- ☐ Calm corner or break pass
- ☐ Check in with a trusted adult
- ☐ Classroom behavior plan
- ☐ Asked the SST or MTSS team
- ☐ Other: _____

What helped, even a little? What did not?

_____

Strengths, interests and anything else

Strengths and interests _____ Anything else I should know (facts, not rumors) _____

Not for emergencies. If a student may be unsafe or may have been hurt, tell the counselor or an administrator now.

Counselor use: next steps

Received _____ Met with student on _____ Family contacted on _____ Replied to referrer on _____

- ☐ Small group
- ☐ Individual check ins
- ☐ Consult with the referrer
- ☐ SST or MTSS team
- ☐ Community resource list
- ☐ Not at this time

Group name _____ Permission sent _____ Permission back _____ Start date _____

A request for support, not a diagnosis or a promise of a group place. Follow your district's records and consent rules.

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FILLED EXAMPLE · fictional school, student, staff and dates

Student and referral

Student name: Sam P.
Grade: 3
Teacher or homeroom: Ms. Okafor, room 14
Date: 09/14/2027

Referred by (name): L. Okafor
Role: Grade 3 classroom teacher
Best way to reach you (extension, school app): Extension 131 or the school app

Who is referring, and what is the concern?

This referral comes from:

- [x] Teacher
- [ ] Parent or guardian
- [ ] Student (self)
- [ ] Other staff
- [ ] Data review

Areas of concern (tick all that apply, circle the main one):

- [x] Worry, stress or nervousness
- [ ] Anger or calming down
- [ ] Friendships or social skills
- [ ] Self esteem or confidence
- [ ] Family change (divorce, move)
- [ ] Grief or loss
- [ ] Peer conflict or being left out
- [ ] Organization or study habits
- [x] Test worry
- [x] Attendance or getting to school
- [ ] New student or transition
- [ ] Other: _____

What you notice: one behavior per line, over the past two weeks

What the student does or says (what you see or hear)	Rarely	Sometimes	Often	Almost always	When or where it happens most
Asks “what if” or reassurance questions before tasks	☐	☐	☑	☐	Before spelling and math tests
Asks to see the nurse with a stomachache	☐	☐	☑	☐	Monday mornings, before tests
Freezes or stops working on new or hard tasks	☐	☑	☐	☐	Timed work, new math units
Uses a calm strategy on his own when upset	☑	☐	☐	☐	Has not seen this yet
Asks for help when stuck	☐	☑	☐	☐	Quietly, at my desk, if I check in

How long has this been going on? Since the start of the year

Is it getting better, worse or about the same? About the same

What has been tried, and how did it go?

- [x] Talked with the student
- [x] Contacted the family
- [ ] Seat, space or schedule change
- [ ] Calm corner or break pass
- [x] Check in with a trusted adult
- [ ] Classroom behavior plan
- [ ] Asked the SST or MTSS team
- [ ] Other: _____

What helped, even a little? What did not?

A morning check in helps a little. Still 5 nurse visits in 3 weeks.

Strengths, interests and anything else

Strengths and interests: Kind to classmates, loves drawing and dogs

Anything else I should know (facts, not rumors): Family says he worries most on Monday mornings

Not for emergencies. If a student may be unsafe or may have been hurt, tell the counselor or an administrator now.

Counselor use: next steps

Received: 09/14/2027
Met with student on: 09/16/2027
Family contacted on: 09/17/2027
Replied to referrer on: 09/17/2027

- [x] Small group
- [ ] Individual check ins
- [x] Consult with the referrer
- [ ] SST or MTSS team
- [ ] Community resource list
- [ ] Not at this time

Group name: Calm and Brave (worry)
Permission sent: 09/21/2027
Permission back: 09/24/2027
Start date: 10/07/2027

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Referral Intake Log and Group Sorting Sheet

Track every referral, close the loop, and build groups that fit

Referral intake log (codes only, keep with your counseling records)

Code	Date in	From T P S O D	Main concern (plain words)	Grade	Student seen on	Decision	Referrer told on
MH-07	09/14	T	Worry before tests	3	09/16	Worry group, fall	09/17

From: T teacher, P parent or guardian, S student self referral, O other staff, D data review. Reply to every referrer within a few school days, even if the answer is "not a group right now."

Screening questions for each student

- [ ] Did I meet the student, and does the student want to join, in their own words?
- [ ] Is this a skills need a short group can help with, not a crisis or a long term need?
- [ ] Is the topic safe to talk about in a school group? Some topics are not (ASCA A.7.i).
- [ ] Is there any safety, harm or abuse concern? Act on it first. A group can wait.
- [ ] Will the student fit this mix: similar age, a kind peer model, not two close rivals?
- [ ] Can the student attend without missing the same core class every week?
- [ ] Do I have the consent my state and district require before session 1?

Group sorting sheet

Group topic and name	Grades	Size (4 to 8)	ASCA standard(s)	Day and time

Code	Grade, teacher	Topic fit?	Screened, group ok?	Classes to avoid	Mix notes (no clinical detail)	Consent back	Final: in, wait, other support
MH-07	3, Okafor	Yes	Yes 09/16	Reading block	Pair with a calm peer	09/24	In, Thursdays

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