



Marine Leadership Academy Counseling Department

Professional School Counselors: Cadet Case Loads – Last Names:

- Michelle Perez: (Room 106) ↔ A - F
- Ila Faulkner, LPC: (Room 112) ↔ G - N
- Heidi Truax: (Room 108) ↔ O - Z

Please deliver this form to a counselor above by hand, email or in an envelope and place in mailbox. For a "See Now" send cadet with a staff escort to a counselor.

CONFIDENTIAL SCHOOL COUNSELOR REFERRAL FORM

Date: _____ IEP _____ 504 Plan _____

PRIORITY: ___ **Low** (schedule when available) ___ **High** (as soon as possible) ___ **URGENT** (see now)

Referred by: ___ Teacher ___ Parent ___ Self ___ Other (Name: _____)

Student Name:	Grade:	ID#	D.O.B
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Reason(s) for Referral: Problems or concerns related to... (check all that apply)

- Academics / Drop Risk Change in Behavior Family Concerns Inability to focus
 Anger Management Conflict Resolution Grief/Loss/Sadness Other: _____
 Anxiety/Stress Discipline Issues Hurts Self/Suicidal _____
 Bullying Medical: Injury Sick Other: _____

Briefly describe the nature of the issue:

CONTACT with the parent/guardian about your concern: ___ Yes ___ No DATE: ___/___/_____ first contact

By Phone # Called: _____ email: _____ / ___/ _____ second contact

Explain the outcome of parent contact(s):

ACTIONS/ INTERVENTIONS you have tried with the student:

1. Date: ___/___/_____ action(s):

2. Date: ___/___/_____ action(s):

OTHER INFORMATION you feel might assist the counselor in working with this student:

Counselor Use Only:

Date Received: _____ Meeting Date : _____ Follow-up Date _____

Notes: _____