



# REQUEST FOR COUNSELING

Forsyth Public Schools 2010-11

DATE: \_\_\_\_\_

STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIBLINGS (Name/Age): \_\_\_\_\_

\_\_\_\_ New Student    \_\_\_\_ SPED    \_\_\_\_ 504    \_\_\_\_ ESL    \_\_\_\_ Title I    \_\_\_\_ GT

Check any of the following behaviors that you have observed in this student.

- |  |   |
|--|---|
| <input type="checkbox"/> Often appears tired                     | <input type="checkbox"/> Frequently argues with others          |
| <input type="checkbox"/> Has difficulty controlling anger        | <input type="checkbox"/> Hits, bites or kicks other students    |
| <input type="checkbox"/> Often appears sad                       | <input type="checkbox"/> Uses profane language                  |
| <input type="checkbox"/> Cries in class                          | <input type="checkbox"/> Makes inappropriate sexual comments    |
| <input type="checkbox"/> Make negative statements about self     | <input type="checkbox"/> Makes inappropriate sexual gestures    |
| <input type="checkbox"/> Appears to lack self-confidence         | <input type="checkbox"/> Is picked on by other students         |
| <input type="checkbox"/> Practices poor hygiene                  | <input type="checkbox"/> Makes negative statements about others |
| <input type="checkbox"/> Often complains of not feeling good     |   |
| <input type="checkbox"/> Handles objects in a destructive manner | <input type="checkbox"/> Is frequently absent or late           |
|  | <input type="checkbox"/> Does not complete assignments on time  |
| <input type="checkbox"/> Has difficulty making friends           | <input type="checkbox"/> Has difficulty following directions    |
| <input type="checkbox"/> Has difficulty dealing with authority   | <input type="checkbox"/> Has difficulty asking for help         |
| <input type="checkbox"/> Often tells untruths                    | <input type="checkbox"/> Demands an excessive amount of help    |
| <input type="checkbox"/> Takes things without permission         | <input type="checkbox"/> Scores low on quizzes and tests        |
| <input type="checkbox"/> Tends to be bossy toward others         | <input type="checkbox"/> Has difficulty organizing school work  |
| <input type="checkbox"/> Easily gives in to peer pressure        |   |

Describe your concern with this student providing as much detail and background information as possible. Please indicate a convenient time for me to meet with this student.

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SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_  
(Individual making referral)