STAFF CONCERN FORM
STUDENT COUNSELING REQUEST

Please complete this form if you have a student that needs to be seen by the counselor for grades K-5. **Please contact the Principal or Asst. Principal if the student has an emergency on a day the counselor is not available.**

SCHOOL:_____

Teacher:_____ Room #_____
Student's Name_____ Grade_____ Date_____
Parents Names_____ Telephone_____
Email Address_____

Is the student receiving DIS services or Special Ed services? [ ] yes [ ] no

Area(s) of Concern (please check all that apply):

[ ] attendance [ ] classroom behavior [ ] academics
[ ] tardies [ ] playground behavior [ ] decline in work quality
[ ] leaving early [ ] peer relationships [ ] homework completion
[ ] nurse's office [ ] bullying/teasing
[ ] attention difficulties
[ ] isolation

Other concerns:

[ ] family problems [ ] divorce/separation [ ] illness
[ ] use of drugs/drinking [ ] death [ ] other (please explain)

On a scale of 1-10, how serious (immediate) is this problem: [ ]
less serious moderate very serious
1--------2--------3-------4--------5--------6--------7--------8--------9--------10

Previous Interventions (please check all that apply):

[ ] parent phone call (Date(s)_____; results_____)
[ ] academic intervention (specify_____)
[ ] parent conference [ ] student conference [ ] CUM check
[ ] SST (date _____)

Summary of the situation:

These concerns will be kept confidential and are intended to help the individual. Thank you for caring enough to share your concerns. You will be notified by email once the counselor follows up with the student.