

# School Counseling Referral

Student(s):

Date:

Concern:

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Previous Action Taken:

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Are the Parents  
Aware of Your Concern?

Yes

No

(c) [thehelpfulcounselor.com](http://thehelpfulcounselor.com)

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# Student Counseling Referral



Name:

Date:

I need help with:

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What I have done to help so far:

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