

Counselor Forms

Referral Forms

Permission Slips

Planning Templates

Notes to Teachers

COUNSELING REFERRAL FORM

If this needs to be handled immediately, please call.

Student's Name:

Grade:

Referred by:

Date:

Describe the problem.

Does the problem happen in specific places or with specific people?

When did this start?

What have you tried so far to address the problem?

Have you been in touch with parents/guardians about this?

What are the good times to see the student.

Note for Ms. Driscoll

My Name

I'm having a problem

Note for Ms. Driscoll

My Name

I'm having a problem

Note from Ms. Driscoll

at home.

with friends.

Note from Ms. Driscoll

Sam

came to see me about

at home.

with friends.

in class.

with something else.

I will

follow up with you

follow up with:

call home

see the student again

Dear Student:

We need your ideas! We are organizing groups for students to participate in if they are interested. We have asked teachers for suggestions, and we would like to know what you think too! Counseling groups are an opportunity for a small group of students to come together once a week for four to six weeks. These groups help students learn new skills, talk with other classmates, and solve problems. Groups may cover things like self-esteem, friendship, organization, bullying, or worrying.

ADD YOUR NAME

Check off groups you think would be helpful. Write the name of the group you would be interested in participating in. Write

Name:

Groups

Friendship

Study Skills

Anger Management

Worry

Bullying

Family Change or Divorce

Improving Behavior

Leadership

Growth Mindset

Positive Thinking

Self-Management

Teacher's Name:

Grade Level:

As part of the social, emotional, and behavioral supports provided to our students, we are working on organizing small groups with opportunities to practice and learn new skills.

Please list students you think would benefit from any of the groups. If there are other topics that you think would benefit students, please list them.

After we have identified potential participants, we will contact them to see if they are interested. We will work with similar needs, who will work well together, or who may need more intervention. Some students may not be ready or may need more interventions will be offered or suggested for them.

Groups will meet once a week for approximately 30 minutes. We will provide the groups, as well as strategies that may benefit students. All students are welcome to access any staff providing counseling support.

ADD YOUR NAME

Topic:

Student Names

Topic:

Topic:

COUNSELING REFERRAL FORM

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Student's Name:
Referred by:

Describe the problem.

Grade:
Date:

Does the problem happen in specific places or with specific people?
When did this start?
What have you tried so far to address the problem?

Have you been in touch with parents/guardians about this?
1. _____
2. _____

Counselor Notes

Received Referral _____
Saw Student _____
Followed Up _____

Actions To Take



Referral Forms

Dear Parents and Caregivers,

This year, we will be offering small lunch groups for students in grades K-5. These groups give students an opportunity to practice different social and emotional skills they can use in the classroom. Topics may include responsibility, stress management, communication skills, decision making, goal setting, and problem solving. The groups are open to all students and are designed to reinforce skills be taught in the classroom.

Details

What: Group time will consist of discussion, activities, and games.

When: Students will meet once a week during lunch or another time picked by their teacher. Groups will last 4 to 6 weeks.

Who: A group of 6 students from the same grade level and Mrs. Smith.

Where: In Mrs. Smith's Office.

If you have any questions or want more information, please contact me at (555) 555-5555 or MrsSmith@email.com. I look forward to getting to know your child better and supporting their social and emotional development.

Thank you!

Name _____
School _____

Permission for Lunch Bunch Groups
School Year _____

I give permission for my child to participate in a lunch bunch group this school year. Please put my child in one of the first groups, if possible.
Please specify: _____

Parent Signature: _____

Dear _____

We offer a variety of support services, including small group reading, writing, and math support, short-term speech services, in-class behavior support, individual counseling, and group counseling. Your child has been recommended to receive the following services:

These services are intended to support your child's academic, language, social, emotional, and/or behavior skills. As part of these services, your child's progress will be measured regularly and his or her performance will inform decisions to discontinue, change, or intensify supports. Staff will communicate your child's progress to you and provide you with strategies to carryover at home.

These services are not intended to be a substitute for evaluations or medical treatment. School staff can assist you with finding outside agencies if you are interested in additional services. If you have any questions, please contact me at (555) 555-5555 or mrrsmith@school.org

Best,

I, _____, am the parent/legal guardian of _____

- I give permission for my child to receive support services. I understand that I may withdraw consent at any time by signing and dating a written note requesting termination of services.
- I chose to decline support services for my child at this time. I understand that I may request services at a later date if needed.

Parent Signature _____

Date _____

Contact Information

Phone: _____

Best Time To Reach You: _____

Email: _____




Consent Forms

GROUP NAME	GRADE	DAY & TIME
SMALL GROUP COUNSELING		

SMALL GROUP COUNSELING		SESSION RECAP
SESSION #	GRADE	DATE & TIME
FOCUS		
STUDENTS		
SUBJECTIVE	Describe how the session went.	
OBJECTIVE		

SMALL GROUP COUNSELING		SUMMARY
GROUP NAME:	# OF SESSIONS	
START DATE	TIME/SESSION	
END DATE	GRADE	
DAY AND TIME		
PURPOSE	STANDARDS	
MEASURES		
WEEK	TOPIC	STUDENT
1		
2		
3		
4		
5		
6		

SMALL GROUP COUNSELING		SESSION PLAN
SESSION #	GRADE	DATE & TIME
OBJECTIVE		
SKILLS		
MEASURES		
MATERIALS		
ACTIVITIES		
COOLDOWN		
EXIT TICKET		

 Planning Forms



Notes to Teachers

Note for Ms. Driscoll

My Name: _____
My Teacher: _____
Date & time: _____

I'm having a problem

- in class
- at home
- with another student
- with something else

I'd like to see you

- Right away
- Sometime today or tomorrow

Note for Ms. Driscoll

My Name: Sam Bower
My Teacher: Ms. Hirsch
Date & time: January 10 2pm

I'm having a problem

- in class
- at home
- with another student
- with something else

Someone is bothering me at recess.

Note from Ms. Driscoll

- at home.
- with friends.
- in class.
- with something else.

Note from Ms. Driscoll

Sam came to see me about a problem

- at home.
- with friends.
- in class.
- with something else.

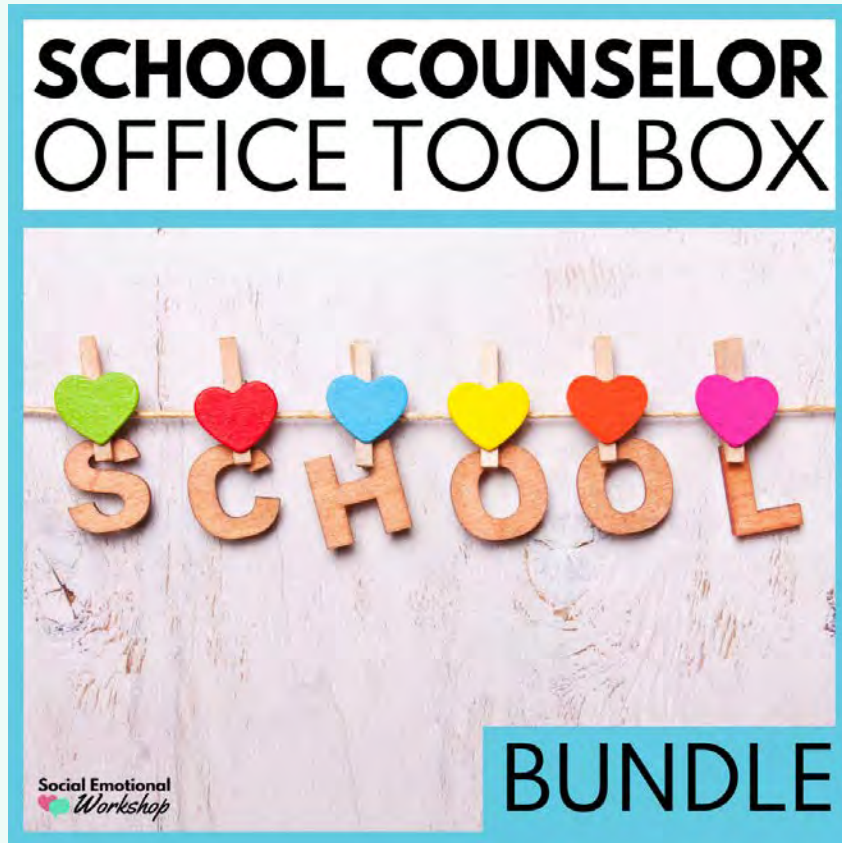
I will

- follow up with you
- follow up with:
- call home
- see the student again



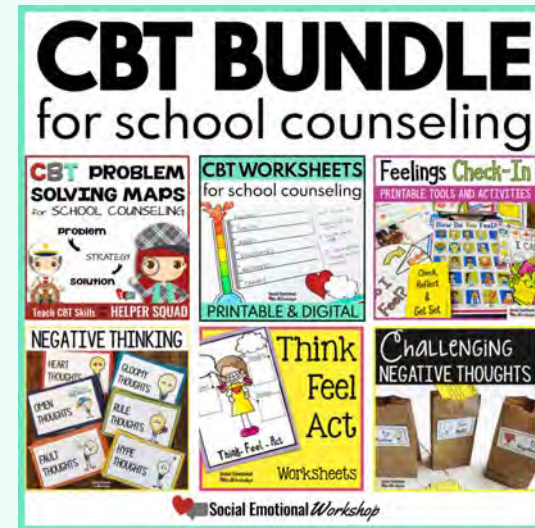
Student Self Referral

YOU MIGHT LIKE



School Counselor Bundle

Essential forms, activities and reusable materials.



CBT Bundle



Lunch Bunch Bundle