

School Counselor

School Counselor: _____ Date: _____

Student: _____ Please return this form by: _____

How often have you seen this student? Respecting confidentiality, what can you share about this student that may be helpful to the SAP team and appropriate to this referral?

How many parental contacts have you had? By phone: _____ In person: _____

What can you share about your parental contacts appropriate to this referral?

Are you aware of any current or past private counseling/therapy, Y _____ N _____

What can you share about any private counseling/therapy?

Has there been a psychological evaluation, either school or private? Y _____ N _____

What can you share about any psychological evaluation appropriate to this referral?

Identify this student's interests, strengths, accomplishments, skills.