

The High School for Law Enforcement & Criminal Justice

STUDENT REFERRAL BY TEACHER TO COUNSELOR

Non Discipline referrals only

Please furnish the following information regarding the student whom you wish to refer to the appropriate counselor. Remember Confidentiality is of high importance.

Student name:		Grade:
Homeroom teacher:	ID#	
Referring Teacher:		Date:
Presenting Problem(s) and Concern(s):		

Counselor's Response to Teacher

Comments and recommendations:	
Counselor:	Date: