



EAST RUTHERFORD PUBLIC SCHOOLS
 School Counseling Services
 100 Uhland Street
 EAST RUTHERFORD, NEW JERSEY 07073

Mr. James Wagner
 School Psychologist/School Counselor
 McKenzie School

Ms. Shanelle Muse
 School Counselor
 Alfred S. Faust Middle School

COUNSELING REFERRAL FORM

Student's Name _____ School _____ Grade Level _____

I. General Background

1. What is your primary concern / reason for the referral?

2. As the parent or guardian, what goal or outcome do you wish from counseling?:

3. Who lives at home with the student?:

Guardian: _____ Natural Parent Foster Step Adoptive Other

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Other Family Members in the home:

Name: _____ Age: _____ Sex: M F X Relation: _____

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If applicable, is the non-custodial parent involved (if he/she does not reside in the home)?

Y N

Amount of time spent per week with non-custodial parent: _____



.II. Student's Medical and Counseling History

1. Does the student have any current health concerns?:

2. Is the student taking any medications (if "yes", list the medication)?:

3. Reason the medication was prescribed?:

4. How does the medication affect behavior (sleep, appetite, mood, attention, hyperactivity, etc.)?:

5. Is the student currently receiving or have they received counseling services in the past?:

If "yes", with whom? (Please provide contact information):

6. Are there any mental health/emotional concerns that run in the family (anxiety, depression, bi-polar, ADHD, etc.)? Please list:

.III. Student's Behavioral History

1. Does the student have any sleep concerns (nightmares, trouble falling or staying asleep, etc.)?

2. In your opinion, how is the student's school performance?:

3. Does the student have any behavioral concerns in the home?:

4. Does the student display any aggressive behaviors (list type)?:

5. Has the student experienced any traumatic events such as a death in the family, divorce, violence, abuse, etc.?:

.IV. Additional Information Parent/Guardian Would Like to Provide

Office Use Only: SC: _____	Date Received: _____	Start of Services: _____
		End of Services: _____