



Potlatch School District No. 285  
 130 Sixth St.  
 Potlatch, ID 83855-8757

District Office (208)875-0327  
 Elementary School (208)875-1331  
 Jr.-Sr. High School (208)875-1231  
 FAX (208)875-1028

**Potlatch Elementary School Counseling Referral Form**

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Person Making Referral: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please Note:**

- School based counseling addresses only issues that affect the child in school, is problem solving in nature, and is only short term.
- The school counselor is not a therapist, does not make diagnoses, and does not provide therapy. (A list of local professional therapists is available upon request.)
- Signed consent form is required for ongoing counseling sessions.

**1. Reason for referral: (check all that apply)**

- Academic
- Behavioral
- Personal
- Other
- Low Grades/Failing
- Self-Esteem/Confidence
- Trouble with friends
- Performance/Test anxiety
- Chronic sadness
- Exposure to violence
- Lack of motivation
- Anger/Hostility
- Dislikes school
- Grief or loss ( please describe below)

**2. Have parent and teachers discussed concern? What was the outcome?**

**3. Possible issues or circumstances contributing to the referral:**

**4. What strategies/techniques have you tried with your child and what were the results?**

**5. What do you hope the student will accomplish through School Counseling?**

Please Include Any Additional Comments/Questions on the back side of this page.

You may download, print, and send the referral to school with your child OR you can request a referral form from your child's teacher and they will send one home.