**SCHOOL COUNSELING REFERRAL FORM**

 Please complete the following and send this form, and any additional information to:

office@empoweringchoicescc.com or fax **to: 503-589-3179**

 **ATTN: Front Desk, Office number: 503-589-3112**

805 Liberty St NE Suite 2 Salem, OR 97301

Teacher/School:

Phone Number:

Email:

|  |
| --- |
| **Referring** Students Name: Grade: Date of Birth/Age: Students Address: City/State/Zip: Insurance Type: Policy Number (s): Parent or Caretaker Name: **Demographics** |

Requested Services (Mark all that apply)

Assessment (With Services – Specify Services Desired Below)

[ ]  Child [ ]  Siblings [ ]  Parent/Child [ ]  Family

Assessment (With Recommendations Only, No Services)

[ ]  Child [ ]  Siblings

Reason for referral to counseling:

[ ]  Has difficulty making and keeping friends?

[ ]  Has difficulty accepting responsibility for actions?

[ ]  Has difficulty making decisions?

[ ]  Has a hard time staying on task?

[ ]  Has a hard time adjusting to new situations?

[ ]  Has difficulty respecting authority?

[ ]  Is shy and withdrawn?

[ ]  Appears to worry a lot?

[ ]  Does not complete tasks?

[ ]  Is absent a lot?

[ ]  Possible difficulty with family relationships?

Referring Person/Agency: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Email: Click or tap here to enter text.

Requested Services (Mark all that apply)

Services Requested (assessment required; services based on medical necessity and as authorized by payment source)

Psychotherapy/Counseling Family Support (consultation) Assessments

[ ]  Individual [ ]  Life skills [ ]  Psycho-Social

[ ]  Family [ ]  Social Skills [ ]  Autism

[ ]  Group [ ]  Asperger’s Syndrome

 [ ] Understanding the Autism Spectrum

[ ]  Play Therapy [ ] How ADHD Affects the Family [ ]  Functional Assessment

[ ]  Autism Therapy [ ] Parenting Coaching [ ]  ADHD/ADD

Examples of Behavior:

List of Strengths this student has:

Request to See the Counselor is Being Made By:

 [ ]  Student

 [ ]  Parent

 [ ]  Teacher

 [ ]  Principal

 [ ]  Other:

**THE REFERAL FORM MUST BE SIGNED BY THE PRINCIPAL**

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**Signature of Principal Signature of Parent**