



### 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

Demographics			
Students Name:	Grade:		
Date of Birth/Age:			
Students Address:			
City/State/Zip:			
Insurance Type:			
Policy Number (s):			
Parent or Caretaker Name:			
Referring			
Teacher/School:			
Phone Number:			
Email:			
Requested Services (Mark all that apply)			
Assessment (With Recommendations Only, No Services)			
<input type="checkbox"/> Child	<input type="checkbox"/> Siblings		
Assessment (With Services – Specify Services Desired Below)			
<input type="checkbox"/> Child	<input type="checkbox"/> Siblings	<input type="checkbox"/> Parent/Child	<input type="checkbox"/> Family

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

Psychotherapy/Counseling

Family Support (consultation)

Assessments

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Individual     | <input type="checkbox"/> Life skills                       | <input type="checkbox"/> Psycho-Social         |
| <input type="checkbox"/> Family         | <input type="checkbox"/> Social Skills                     | <input type="checkbox"/> Autism                |
| <input type="checkbox"/> Group          |  | <input type="checkbox"/> Asperger's Syndrome   |
|   | <input type="checkbox"/> Understanding the Autism Spectrum |  |
| <input type="checkbox"/> Play Therapy   | <input type="checkbox"/> How ADHD Affects the Family       | <input type="checkbox"/> Functional Assessment |
| <input type="checkbox"/> Autism Therapy | <input type="checkbox"/> Parenting Coaching                | <input type="checkbox"/> ADHD/ADD              |

Requested Services (Mark all that apply)

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- Is shy and withdrawn?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?

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**

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**Signature of Parent**