

Counseling Consultation Request- Form A



Date: _____

Student's Name: _____

School: _____

DOB: _____

Teacher: _____

Gender: _____

Grade: _____

Reason for consult (please provide as much information as possible):

How long has the present issue been of concern: _____

Actions taken to date:

- Collection of information from school-based student services team
- Conference with parent(s)/guardian(s)
- Wellness Coordinator support; please describe type and frequency of support:

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- Other school/outside agency support; please list individuals involved and the type and frequency of support he/she has provided:**

- Classroom and School Interventions tried (please also note if the intervention was successful or not):**

a) _____

b) _____

c) _____

d) _____

e) _____

f) _____

g) _____

- Data collected to track interventions (please attach necessary data)**

Wellness Coordinator Signature: _____ Date: _____

Principal Signature: _____ Date: _____