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 **COUNSELING REFERRAL FORM (Kg-Primary)**

 **2018 – 2019**

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| --- | --- |
| Name of student : | Class & Sec : Gr. No. |
| Gender : | Date of Birth : |
| Father’s Name: | Mother’s Name: |
| Father’s Contact : | Mother’s Contact: |
| Father’s email Id: | Mother’s email Id: |

**ACADEMIC CONCERNS**

Inadequate language skills (reading/writing/spelling/comprehension)

Shabby handwriting / awkward pencil grip

Difficulty in Math

Incomplete class/home work

Test taking difficulty

Details if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BEHAVIORAL/SOCIAL/EMOTIONAL CONCERNS**

Easily distracted

low sitting tolerance, restless

blurts out, often interrupts or intrudes

Peer group problems (fights, lack of interaction)

Lack of eye contact/smile

Fear/nervousness

Unable to follow given instructions independently

Extreme temper tantrums

Details if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPEECH CONCERN**

Lacks speech clarity

Stammering

Repeating the same words what was asked

Details if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the referee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Relation to the Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of referee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents are informed about the referral: Yes No

(to be filled if referred by a teacher)