G.D. GOENKA PUBLIC SCHOOL

Date_____________

School Counselling Department Teacher Referral form

Please complete one form per student. Each student will be seen as soon as possible and in the order of seriousness/urgency.

Student name___________________________Grade_______________DOB_________________

Parent's Name______________________________Class Teacher_______________________________

Reasons for referral:

Educational:

☐ Skill Deficiency ☐ Underachievement ☐ Scholastic Failure ☐ Attendance
☐ Academic Shortcomings ☐ Motivation ☐ Inattentive ☐ Little or No Class Participation

Personal/Social:

☐ Hyperactive ☐ Inappropriate Social Behaviour ☐ Bullying ☐ Discipline
☐ Misbehaviour ☐ Personal Hygiene ☐ Peer Relationships ☐ Withdrawn/Shy
☐ Negative Attitude ☐ Home/Family ☐ Health

Other/ Give details

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Concerns____

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Please provide details of any previous interventions or strategies taken

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Best time to see the student____

Thank you for your cooperation.
Dr. Nafeesa
School Counsellor

Teacher Sign

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For office use only

Changing the conversation from deficiencies to possibilities.