SOESD
Southern Oregon Education Service District

School Counseling Request - for Parents, Guardians & School Staff
Return completed form to School Special Services Coordinator

Student Name:_____**DOB:.**_____ **Age:**_____

School/District:_____ **Grade**:_____

Teacher:_____ **Date of Request:**_____

Requested by: (Staff, Parent, Other, etc.): _____

Parent / Guardian Name:_____

Parent / Guardian contact info: (email & phone) _____

Urgency: High / Med/ Low (*please circle*)

REASON FOR REQUEST (check all that apply):

Academic:	**Social/Behavioral:**	**Personal:**	**Emotional:**
❑ Low Grades	❑ Peer Relationships	❑ Family Challenges	❑ Dysregulation
❑ Motivation/ Attitude	❑ Social Skills	❑ Divorce/Separation	❑ Impulsive
❑ Inattention/ Distracted	❑ Bullying/ Bullied	❑ Family Conflict	❑ Anger
❑ Disruptive	❑ Physical/ Fighting	❑ Loss/ Death	❑ Stress
❑ Dislikes School	❑ Verbal Disrespect	❑ Drugs/ Alcohol	❑ Worry/Anxiety
❑ Absences/Tardies	❑ Destructive Behavior	❑ Personal Hygiene	❑ Trust
❑ High Activity Level	❑ Dishonesty/ Lying	❑ Health/ Illness	❑Sad/Depressed
❑ Adjustment Issues	❑ Withdrawal	❑ Other:	❑ Self Esteem
❑ Skill Deficits	❑ Other:		❑ Other

Concerns:

_____

_____

_____

_____

_____

_____

_____

Student Strengths:

_____

_____

_____

School Staff & Guardian discussed concerns/ request on (date): _____

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School Use Only: This form was reviewed by Special Services Coordinator and sent to Counselor on:_____

Form Revised 4.4.22