



Sonora Elementary School

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Leigh Shampain, Superintendent, Chris Boyles, Principal, John Baker, Asst.Principal

Counseling Referral Form

Today's Date: _____

Student: _____ Date of Birth: _____ Grade: _____

Parent(s): _____ Referred By: _____

EXPLAIN REASON FOR REFERRAL (attach additional pages as necessary):

Student demonstrates the following (please check all that apply):

Depressive Characteristics: ____ Grief Issues: ____ Illness: ____

Stress/Anxious: ____ Bullying Behavior: ____ Being Bullied: ____

Social Skills: ____ Family Issues: ____ Poor/Declining Academic Performance: ____

Specific Behavioral Concerns: _____

Other: _____

_____ I would like to discuss this with you in person.

Thank you for your concern regarding our students!