

**BOYS AND GIRLS CLUB**  
**REFERRAL FOR COUNSELING**

Child/Adolescent's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Referred By: \_\_\_\_\_  Staff/Administrator  Parent  Self

Reason for Referral:  Academic  Behavioral  Emotional  Social Description:  
\_\_\_\_\_  
\_\_\_\_\_

When did you notice the change? \_\_\_\_\_

Are you aware of anything going on in the child/adolescent's life that may be causing problems?  
\_\_\_\_\_  
\_\_\_\_\_

**Check all that apply:**

**The child/adolescent is exhibiting a noticeable change in the following areas:**

- Mood  Grades  Behavior  Appetite/Weight  Hygiene

**The child/adolescent is exhibiting difficulty in the following ways:**

- |   |  |
|---|--|
| <input type="checkbox"/> Talking back           | <input type="checkbox"/> Staying on task           |
| <input type="checkbox"/> Following instructions | <input type="checkbox"/> Getting along with others |
| <input type="checkbox"/> Staying awake          | <input type="checkbox"/> Concentrating             |
| <input type="checkbox"/> Completing assignments | <input type="checkbox"/> Disruptive behavior       |

Have you spoken to the child/adolescent's parents about your concern? If so, what was the result?  
\_\_\_\_\_  
\_\_\_\_\_