



DENAIR ELEMENTARY SCHOOL  
3460 Lester Road  
Denair, CA 95316  
Phone (209) 632-8887 Fax (209) 632-8442

Principal  
Fawn L. Oliver

**School Counseling Referral Form**

**Student's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Teacher** \_\_\_\_\_ **Room #** \_\_\_\_\_  
**Date of Referral** \_\_\_\_\_ **Referred By** \_\_\_\_\_  
**Best time(s) for child to be removed from class?** \_\_\_\_\_

**Reason for Referral (check those that apply):**

Academic Performance     Classroom Behavior     Recess Behavior  
 Peer Relationships     Family/Home Issues

**Please provide additional detail below on the items that apply:**

Academic Performance \_\_\_\_\_

\_\_\_\_\_

Classroom Behavior \_\_\_\_\_

\_\_\_\_\_

Recess Behavior \_\_\_\_\_

\_\_\_\_\_

Peer Relations \_\_\_\_\_

\_\_\_\_\_

Family Issues \_\_\_\_\_

\_\_\_\_\_

Strengths of the Student \_\_\_\_\_

\_\_\_\_\_