



School Counselor

Parent Referral Form

Name:

Date

Is your child currently working with a mental health professional outside the school environment? Y/N

**I am referring my child for individual or group counseling for the following reasons:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> attention issues (ADD/ADHD) | <input type="checkbox"/> family issues       | <input type="checkbox"/> sad/unhappy/depressed       |
| <input type="checkbox"/> anger management            | <input type="checkbox"/> friendship/bullying | <input type="checkbox"/> self-control                |
| <input type="checkbox"/> argumentative               | <input type="checkbox"/> grief/loss          | <input type="checkbox"/> self-esteem/self-confidence |
| <input type="checkbox"/> bullying                    | <input type="checkbox"/> perfectionism       | <input type="checkbox"/> social skills               |
| <input type="checkbox"/> divorce                     | <input type="checkbox"/> other               | <input type="checkbox"/> stress/anxiety              |

**Briefly explain your concerns and provide examples of any observed behaviors:**

By signing this form, I am allowing my child to participate in individual or group counseling sessions with the school counselor, Kimberly Rogers, M.Ed, LPC-MHSP. I hereby acknowledge that I am the legal guardian of the below named minor child, and do consent to the provision of counseling services to the child at school by the school counselor. I understand that while counseling is generally confidential, where there is risk of harm to self or others, abuse, or other legal requirements, the counselor may be required to release information to protect clients or others. I understand that in order to provide service in accord with the highest ethical and legal guidelines and to insure the highest quality of service, the above information complies with state law, federal privacy acts, and professional ethical standards

\_\_\_\_\_  
Name of Minor Child

\_\_\_\_\_  
(Parent/Guardian Signature & Date)

\_\_\_\_\_  
(Parent/Guardian Printed Name)

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*This is a confidential document between the  
Parent/Guardian and Kimberly Rogers  
Do not duplicate.*