



STUDENT COUNSELING REFERRAL

Please use this form to initiate a student-counseling meeting. Do not give this form to the student. Please turn it in to the appropriate advisor.

First Referral

Second Referral

Third Referral

Student's Last Name: _____ First Name: _____

DOB: _____ SIS No. _____ Teacher: _____

Class: _____ Time: _____ Date: _____

East LA Skills Center

Eastside Learning Center

The above-named student is being referred for the following reason(s):

- Personal problem
- Difficulty in understanding subject matter / performing class requirements
- Lack of progress
- Excessive absences, tardies and / or early departures from class
- Inappropriate dress
- Inappropriate behavior (please describe):

Other (please describe):

Step(s) taken by the referring teacher / staff member prior to referring the student to an advisor. (Attach copy of the Student Agreement if applicable)

Comments:

 Signature of Referring Teacher / Staff Member

 Date