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Date	Received	

## FILLMORE CENTRAL SCHOOL Request for School-Based Counseling

Name of Student:	_Date of Referral:
Parents' Names	_Date of Birth:
Address:	_Grade:
Phone:	_Referring Teacher:
Please describe the concern or problem si Give specific examples of behavior when a	ppropriate.
What is your perception of this child's no	
<u> </u>	
Describe your approach to this child's pro	
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Describe your contacts and discussions wit	th parents or guardian.

	e the following information if known:
Composit	ion of the home:MotherStep-motherFost
	FatherStep-fatherOther (describe
	Brothers: (Step/halfapprox. ages)
	Sisters:
Please in known:	ndicate divorce, separation or death of parent(s) (dates in
Schools p	previously attended & approximate dates or grades:
Recent chemploymen	nanges within the family (birth, separation, loss of ot, deaths, custody issues, fire, etc.):
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