

St. Pius X Catholic School

Counseling Referral

Referral to: Carmen C. Lewenthal, M.A., LPC, LMFT Date: _____

Name of Student: _____

Grade: _____ Age: _____ Date of Birth _____

Referred by: _____ Parent _____

Teacher _____

Type of referral: Observation _____ Assessment _____

Counseling _____ Teacher Consultation _____

What is the present problem (include academic, behavioral, emotional and/or social problems)?

How is it a problem in the classroom, home, playground, and/or gym?

Why did you decide to seek help now?

What solution attempts have you tried?

What has worked and what has not worked?

How would you know when things were a little better or that some progress has been made?

Parent/Guardian Information: Name _____ Contact number _____