

## SETON SCHOOL GUIDANCE DEPARTMENT REFERRAL FORM

1. Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

2. Referred by (your name): \_\_\_\_\_ (Teacher) \_\_\_\_\_ (Staff)

3. Is this a scheduling or transcript issue? Yes  No  If yes, refer to Mrs. McIntyre and skip to #8 below.

4. Other reason(s) for referral to the Guidance Dept.:

5. Interventions tried: (i.e. spoke to entire class about the importance of good personal conduct, talked to the student privately one or more times, discussed unacceptable behavior, changed seating assignment or classroom structure, conducted parent/teacher conference etc.)

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6. Have you contacted the student's parent/guardian about your concern?  Yes  No

7. What goal do you want this student to achieve? \_\_\_\_\_

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8. Signature of person making referral \_\_\_\_\_ Date \_\_\_\_\_

\* Submit this form through the Seton School Email/Jupiter Ed system or send a hard copy in a sealed envelope addressed to the following:

GRADES 7-8 ROUTE TO: Mrs. Guyant GRADES 9-10 ROUTE TO: Mrs. Duran GRADES 11-12 ROUTE TO Mr. Geary 

If the issue needs immediate attention or the above assigned counselor/advisor is not available, notify Mr. Geary.

If Mr. Geary is not available, notify Mr. Pennefather.

## Counselor/Advisor Use Only

Date Received \_\_\_\_\_ Urgency of Referral:  Crisis  ASAP  Within 2 weeks

Action(s) taken by Counselor/Advisor

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Counselor/Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_