

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.)

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

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

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

Counselor/Advisor Signature _____ Date _____