



Head Start Referral for Counseling

Student _____ Age _____ Grade _____

Teacher _____ Date _____

What is the student's academic level? Low Middle High

Is the child in any special programs? _____

With whom does the child live? _____

Are the parents or guardian aware of a problem? _____

Place a check in the appropriate column:

	Always	Sometimes	Never
Completes work			
Talks out without permission			
Stays on task			
Lies			
Cheats			
Steals			
Participates in group activities			
Aggressive with peers			
Respects authority			
Daydreams			
Follows directions			
Immature			
Shy or withdrawn			
Gets along with peers			
Cries			
Whines			

Please explain intervention strategies you have tried. (List on back)