# REFERRAL FORM

## REFERRAL FORM

<table>
<thead>
<tr>
<th>Name of Referred Student</th>
<th>Year/Course</th>
<th>Semester/School Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>Given Name</td>
<td>Middle Name</td>
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</tbody>
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### Reason/s for Referral
- □ Absenteeism (loss of interest for school)
- □ Unusual disruptive behavior pattern
- □ Threatening harm to self or others
- □ Inappropriate classroom behavior
- □ Declining academic performance
- □ Alarming health concerns
- □ Isolation
- □ Prolonged sadness
- □ Disproportionately aggressive behavior
- □ Unusual outputs in essays, art assignments, etc. (Please attach copy of document)
- □ Others: (Please specify) __________________________

### Other observations about the student that you feel the counselor should know about

### Frequency of Observed Behavior(s) in one(1) class period
- □ Once
- □ Twice
- □ More than twice

### Duration of Observed Behavior(s)
- □ Two to three class periods
- □ Every class period

### Action(s) Taken Prior To Referral to CGC
- □ Gave a reminder
- □ Gave a warning
- □ Others (please specify): __________________________
- □ Held conference with parent(s)/guardian(s)

### Referred by
- Designation/Position
- Email/Contact No.

(Signature Over Printed Name)

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**To be filled out by CGC Personnel**

<table>
<thead>
<tr>
<th>Received by:</th>
<th>Date Received:</th>
</tr>
</thead>
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**NOTE:** Please be informed that, when necessary, we will contact you for more information regarding your referral. Thank you.