

Robert Healy School
Request for counseling services

1. Name of Student _____

2. Grade/Room/Teacher _____

3. Current Attendance to date _____

4. Current Grades _____

5. What is the specific concern or behavior you need support with? _____

5. What has been done in the past? Is there anything in the file relating to this same concern? _____

6. Does this student currently have an IEP or have they been in school based? _____

7. What interventions have you tried already and what was the outcome of each?

Interventions (Needs to be at least 3 different) _____

Outcome of each _____

8. Contacts with parents needs to occur at least twice before we receive this form (Please include student's current phone number and outcome of each contact) _____
