



Archdiocese of San Antonio
Department of Catholic Schools
Request for Counseling Services

School	St. Margaret Mary's Catholic School		
Student's Name		Date of Birth	
Homeroom Teacher		Grade	
Name of Principal	Dr. Saavedra		

Reason for Referral (please check all that apply)			
Academic Achievement	<input type="checkbox"/>	Behavioral	<input type="checkbox"/>
Emotional	<input type="checkbox"/>	Social Concerns	<input type="checkbox"/>
		Crisis*	<input type="checkbox"/>
<small>*(Consultation with DCS counselors recommended)</small>			

Student Request	<input type="checkbox"/>	Parent Request	<input type="checkbox"/>
Principal Request	<input type="checkbox"/>	Teacher Request	<input type="checkbox"/>

Classroom Observation	<input type="checkbox"/>	Consultation	<input type="checkbox"/>
		Counseling	<input type="checkbox"/>

When is a good time to pull the child from the classroom (please include morning option)			
Morning	Time:	Room #	
Afternoon	Time:	Room #	

Comments (please provide some detail to give me an initial direction)

Parent/Guardian Information:	
Name:	
Contact Number:	

Person completing form:	Date:	
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