



Beautiful Plains School Division

Choice Counseling Referral Form (Rick Puteran)

Please submit completed referral form with parent signed Authorization for Release of Information form (obtain from website).

Background Information

Student		DOB: (dd/mm/year	
Name of School		School Contact Name:	
		School Contact Phone #	
Mother		Contact #s (day/evening)	
Father		Contact #s (day/evening)	
Student Address		Student Phone #	

Presenting Issues/Reason for Referral (use back of form if necessary)

Name and Contact Person of Other Agencies Involved

Student Goals/ School Needs

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Parent(s) or Guardian (s) who will be involved with counseling process (transporting, attending, etc.)

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Parent Signature: _____ **Date:** _____

Principal Signature: _____ **Date:** _____

Division Office Approval: _____ **Date:** _____