



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



<b>School</b>	<b>St. Monica Catholic School</b>		
<b>Student's Name</b>		<b>Date of Birth</b>	
<b>Homeroom Teacher</b>		<b>Grade</b>	
<b>Name of Principal</b>	Ms. Abigail Salazar		

<b>Reason for Referral</b> (please check all that apply)			
<b>Academic Achievement</b>		<b>Behavioral</b>	
<b>Social Concerns</b>		<b>Crisis*</b>	<small>*(Consultation with DCS counselors recommended)</small>
<b>Bullying</b>		<b>Other</b>	

<b>Service Requested</b> (please check all that apply)			
<b>Classroom Observation</b>		<b>Consultation</b>	
		<b>Counseling</b>	

<b>Comments</b> (please provide some detail to give me an initial direction)

<b>Parent / Guardian Information</b>	
<b>Name:</b>	
<b>Contact number /email</b>	

<b>Person completing form:</b>		<b>Date:</b>	
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