School Counselor Intake Form

| Student Name |
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| |
| Date |
| |
| Grade |
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| |
| Date of Birth |
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| |
| Parent/Guardian Name & Contact |
| |
| Referral Source |
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| |
| Reason for Referral |
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| |
| Major Concerns/Issues |
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| Student Strengths |
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| Counseling Goals |
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| |
| Relevant Background/History |
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Other Notes