

**OAK PARK UNIFIED SCHOOL DISTRICT  
ELEMENTARY COUNSELING PROGRAM  
HOLLY BAXTER, COUNSELOR    hbaxter@opusd.org**

**PARENT REQUEST FOR COUNSELING SERVICES**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Has your child been seen for school counseling before?                       No     Yes

If yes, list school years \_\_\_\_\_

Your child's teacher is your first contact for any concerns or questions. Have you discussed your concerns with your child's current teacher?                       No     Yes

If no, explain \_\_\_\_\_

What are your concerns for your child?

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How is this concern affecting your child's progress in school?

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Does your child receive any therapeutic services outside of school?                       No     Yes

If yes, explain: \_\_\_\_\_

Briefly describe home life and list family members in household:

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*Please complete the scales on the opposite side of this sheet*

Please circle the answer that most accurately describes your child

**1=Always 2=Usually 3=Sometimes 4=Rarely 5=Never**

**Relationships to others**

Has friends	1	2	3	4	5
Plays appropriately with others	1	2	3	4	5
Works well in groups	1	2	3	4	5

**Relationship to community**

Respects others	1	2	3	4	5
Shows concerns for others	1	2	3	4	5
Respects property	1	2	3	4	5
Respects authority of adults and household rules	1	2	3	4	5

**Relationship to self**

Copes well with difficult or unfavorable situations	1	2	3	4	5
Expresses needs and feelings appropriately	1	2	3	4	5
Takes responsibility for actions	1	2	3	4	5
Emotional states are appropriate to situation	1	2	3	4	5

Are there any other concerns that were not covered?

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**PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE OR YOUR TEACHER**

Principal's Approval \_\_\_\_\_ Date: \_\_\_\_\_

Received by Counseling Office: \_\_\_\_\_ Cum Reviewed: \_\_\_\_\_

Action taken:

Consulted with parent

Consulted with teacher

Included in group/activity: \_\_\_\_\_

Other: \_\_\_\_\_