



Accredited by Accrediting Commission for Schools,
Western Association of Schools and Colleges (WASC)



FINEGAYAN ELEMENTARY SCHOOL

194 Chalan Kasperbauer Dededo, GU 96929

Tel: (671) 632-9361

School email address: fes@gdoe.net

<https://www.finelementary.weebly.com>

K. ERIK SWANSON, PH. D.

Superintendent of Education

MARITES D.C. GARCIA
Principal

GERARDO P. GALANG
Assistant Principal

SCHOOL COUNSELING REFERRAL FORM

STUDENT'S NAME:	GRADE/HOMEROOM:	DATE:
Mother's Name: _____ Cell/Work Phone: _____ Father's Name : _____ Cell/Work Phone: _____		
Is the student receiving special services? NO or YES, if so which one?		
SPED	GATE	ELL
Reason for Referral:		
Academics: <input type="checkbox"/> Motivation <input type="checkbox"/> Absences <input type="checkbox"/> Withdrawn <input type="checkbox"/> Study Skills <input type="checkbox"/> Inattentive <input type="checkbox"/> Dishonest <input type="checkbox"/> Hyperactive <input type="checkbox"/> Other _____	Family Events <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Separation <input type="checkbox"/> Incarceration <input type="checkbox"/> Abandonment <input type="checkbox"/> Deployment	Social: <input type="checkbox"/> Fighting <input type="checkbox"/> Friendship <input type="checkbox"/> Bullying <input type="checkbox"/> Swearing <input type="checkbox"/> Lying <input type="checkbox"/> Stealing <input type="checkbox"/> Destruction of Property
Emotional: <input type="checkbox"/> Trust <input type="checkbox"/> Anger <input type="checkbox"/> Fears <input type="checkbox"/> Worries <input type="checkbox"/> Depression		
Describe the Concern: _____ _____ _____		
<input type="checkbox"/> Academic Counseling	<input type="checkbox"/> Career Counseling	<input type="checkbox"/> Social/Emotional Counseling
Action Taken: (Encircle action taken) CS=Counseling Services CI= Crisis Intervention IP=Individual Planning GC=Group Counseling CG=Classroom Guidance		
Follow-Up Action to be Taken: IR=In-House Referral AR=Agency Referral PC=Parent Contact HV=Home Visit		
School Counselor's Name: _____		

DOE VISION: "Every Student: Responsible, Respectful and Ready for Life"

FINEGAYAN ELEMENTARY SCHOOL MISSION:

To prepare all students to succeed in meeting the challenges in an ever-changing global society.

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