

COUNSELING REFERRAL FORM

Instructions: The referring person completes Part 1; the Director of Counseling Services completes Part 2; the assigned counselor completes Part 3 and maintains a case file (if warranted).

PART 1

* Student's Name:

Last: _____

First: _____

Residence: _____

Telephone #: _____

* Referring Person's Name: _____

E-mail Address: _____ Telephone #: _____

* Reason for Referral:

PART 2

Assigned to: _____

Date: _____

PART 3

Counseling Activity

A. Assessment

B. Individual Counseling

C. Referral for off campus Counseling
