

**Referral Form / SCS-FM-03-V1**

**Confidential**

The purpose of this referral is to provide interventions to students or staff exhibiting academic and/or behavioral problems. As a rule, an isolated instance of unsatisfactory behavior or symptom will not be grounds for a referral. However, when an individual exhibits several symptoms or where there is a definite and repeated pattern of behavior in an unacceptable direction, referral to a counselor is appropriate.

**1. Referred Person Information:**

First Name: ..... Last Name:..... Is she:  Student  Employee  
Mobile: ..... Email: .....  
Job Title or Major: .....

**2. Problem Information:**

A. What is the referred person's problem (symptoms and effect)?  
.....  
.....  
.....

B. How long have you been noticing the problem?  
.....  
.....

C. Level of Urgency (please circle):      1      2      3      4      5      (5: very urgent)

**3. Referrer Information:**

Full name: ..... Job Title: .....  
Mobile: ..... Email: .....  
Date: ..... Signature: .....

**Please Put the form in the box outside the counseling office 213 or hand it to the counseling staff. Thank you.**

**For Counselor Use:**

Date received: ..... With counseling request form:  Yes  No