Counseling Services Student Referral Form

Directions: When making a referral you may use this OPTIONAL form to document your student concern and provide important information to the Counseling Center. However, if your office has formally determined that counseling services is required/mandatory, you MUST submit the completed form with your referral.

Submit the original completed form to RM 710, Director of Counseling Center.

Date: ______________

Referral Source and Title: ________________________________________________________________

Referral Office: ____________________________ Phone: ____________________________ Email: ____________________________

Name of Student: ____________________________ Student ID: ______________

Is the student 18 years or over?

☐ Yes  ☐ No

If “No”, please contact the Director of Counseling Center at x281 prior to submitting this form.

Relationship to student:  ☐ Faculty  ☐ Staff  ☐ Advisor  ☐ Other _____________

May we use your name when speaking with the student?

☐ Yes  ☐ No

Purpose of Referral:

☐ Personal concerns (family issues, current untreated mental illness, bereavement, etc.)
☐ Recent crisis/trauma (domestic violence, victim of violent crime, etc.)
☐ Needs information on community resources
☐ Other, please specify: ________________________________

Additional background information: ______________________________________________________

____________________________________________________________________________________

For students who have agreed to attend counseling services as part of a program/ requirement:

I, ____________________________ (Student’s name) hereby authorize and request Donnelly College Counseling Center to furnish only dates of CC attendance to ____________________________.

(Name of DC Office/Faculty/Staff)

Student signature: ____________________________ Date: ______________

Consent expires one year from date above, unless otherwise noted.

CC Office Use Only: __________________
Date form received: ______________
Date student contacted CC: __________
☐ 1  ☐ 2  ☐ 3  __________

Referral Source Signature: __________________________________________ Date: ______________

Note: Students may have legal rights to access their files, so please be objective in your observations and statements on this form. You may view the Counseling Center’s Confidentiality Policy on the consent form and the CC website for further information regarding counseling services and student privacy.

☐ Original- CC  ☐ Copy-Requestor