

Department of Counseling and Student Wellness Referral Form

To be referred for University-based services, a student must be currently enrolled.

Date of Referral:

Student Name:

Date of Birth:

ID#:

Resident Hall:

Student's Phone #:

Referral Source:

Phone # of Referral Source:

Relationship to Student:

Reason for Referral:

Difficulty making transition:

new student/freshman

new program

Social problems:

aggressive

shy

overactive

Other

Achievement problems:

poor grades

poor skills

low motivation

Major psychosocial or mental health concern:

drug/alcohol abuse

depression/suicide

grief

dropout prevention

gang involvement

pregnancy support

eating problems

physical/sexual abuse

neglect

reactions to chronic illness

self esteem

family/relationship problems

anxiety/phobia

legal problems

other

Other specific concerns:



Current school functioning and desire for assistance:

Absent from school:

seldom

1/month

2-3/month

4+/month

Overall academic performance:

poor grades

poor skills

low motivation

Has the student/family asked for: Information about service

Y

N

An appointment to initiate help

Y

N

Someone to contact them to offer help

Y

N

If you have information about the cause of a problem or other important factors related to the situation, briefly note them here (use the back if necessary).

Follow-Up Confirmation:

Date:

Result:

Met w/ student -

declined

awaiting parent consent

accepted

Student unavailable -

absent

no show

Date:

Result:

Met w/ student -

declined

awaiting parent consent

accepted

Student unavailable -

absent

no show

Date:

Result:

Met w/ student -

declined

awaiting parent consent

accepted

Student unavailable -

absent

no show

Please complete this form electronically and/or print it. Submit it to the Department of Counseling and Student Wellness if on-site. If off-site, email to jacksonl@uapb.edu, or fax to (870) 575-4623.