Our collaborative efforts will allow us to immediately identify and address any problems or concerns a student may be experiencing. Our goals are to provide assistance to students and implement prevention/intervention strategies that provide the student with the help and support he/she may need and to enhance their success at Vaughn College. Referrals from faculty and staff are welcome and assist the OCW to identify students who may benefit from counseling services. Please complete this form and email to the Office of Counseling and Wellness. Depending on the problem, we will contact the student directly or call you for more information. Thank you for your assistance and we look forward to working with you.

PRIORITY:
___ Low (schedule when available)   ___ High (schedule as soon as possible)   ___ Emergency (see now)

COUNSELING REFERRAL FORM

Date: ___________________

Student’s Name: _______________________________________

Professor/Instructor/Staff Name: __________________________________

Professor/Instructor/Staff Contact Number:
Work Ph. (____)______________ Ext.: __________

Referred by: ___ Instructor ___ Staff ___ Other

Was the student notified about the referral [ ] Yes [ ] No

Reason(s) for Referral: __________________

Problems/Concerns related to:
Please check all that apply:
[ ] Dramatic change in behavior [ ] Worries [ ] Grief/loss [ ] Sadness
[ ] Always tired [ ] Lack of motivation [ ] Inattentive [ ] Withdrawn [ ] Poor personal hygiene
[ ] Poor self-image/confidence [ ] Nervous/anxious [ ] Aggression/anger [ ] Fighting
[ ] Bullying [ ] Defiant [ ] Hurts self [ ] Impulsive [ ] Easily distracted [ ] Easily irritable [ ] Legal problems
[ ] Strange or bizarre speech or behavior [ ] Stealing [ ] Destruction of property [ ] Drugs/alcohol abuse
[ ] Sexual acting out [ ] Poor peer relationships/poor social skills [ ] Family concerns
[ ] Academic concerns [ ] Absences/tardiness [ ] Poor work habits/organization
[ ] Learning disability [ ] [ ] Testing [ ] Other_________  

Clarify Referral Problem / History (Please be specific: identify when (dates) concern started and include your observations):
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
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________________________________________________________________________________________