Referral Form

This form is to be used by staff and faculty to document behaviors of students about whom they are concerned. Please complete and send to Counseling Services.

Referrer’s Name: _______________________________________________________________

Student’s Name: ________________________________________________________________

Student ID Number: _____________________________________________________________

Reason for referral: _____________________________________________________________

______________________________________________________________________________

Date(s) of observations: __________________________________________________________

The above checklist is designed to help the observer label or structure observations. Please elaborate upon observations in “reason for referral” section.

Behavioral Observations Checklist:

☐ Self- mutilation
☐ Uncoordinated/ lack of coordination
☐ Incoherent speech pattern
☐ Angry

☐ Inappropriate laughter/giggling
☐ Uncoordinated/ lack of coordination
☐ Incoherent speech pattern
☐ Angry

☐ Uncontrolled physical movements
☐ Poor hygiene
☐ Manic behavior
☐ Rocking
☐ Sadness (pervasive)
☐ Personality change

☐ Tics/uncontrolled noises
☐ Violent
☐ Withdrawn
☐ Tearful
☐ Staring/Distracted
☐ Hallucinating
☐ Other

______________________________________________________________________________

Signature of Referral Source        Date

Please be aware that a student has legal access to this information. Observations should be objective.