Counseling and Accessibility Services
Gordon State College

Student Center, 2nd Floor
Room 212
678-359-5585

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: ____

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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
- ☐ 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- ☐ Withdrawn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.