

VAUGHN COLLEGE OF AERONAUTICS AND TECHNOLOGY
OFFICE OF COUNSELING AND WELLNESS
REFERRAL FORM

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- Always tired Lack of motivation Inattentive Withdrawn Poor personal hygiene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):
