

## COUNSELING SERVICES REFERRAL FORM

Referrals from faculty and staff are confidential and help Counseling Services in identifying students who may benefit from timely assistance. If you believe a student needs assistance in resolving his/her challenge(s), please refer them to Counseling Services by completing this form. We will contact the student directly or call you for more information. Our collaborative efforts will allow us to possibly recognize early warning signs, detect a distressed student; and provide interventions to enhance his/her academic success and personal well-being. Please contact Dr. Vicki Bernard at (314) 340-5089 or Mr. Don Johnson (314) 340-5068 if you have any questions and or concerns.

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

ID#: \_\_\_\_\_

Classification: \_\_\_\_\_

Major: \_\_\_\_\_

Type of Referral:

- Academic
- Personal
- Social
- Mental/Emotional Health
- Other

If other, please provide explanation: \_\_\_\_\_

Please describe the concerning behavior of the student: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred By: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Campus Phone: \_\_\_\_\_

Is the student aware of this referral?

- Yes
- No

After completing form, save to your computer or flash drive,  
and then send thru email as an attachment.  
Send to BernardV@hssu.edu.