

Ivy Tech Counseling and Outreach Program Referral Form

Instructions:

If you are completing the referral form for someone other than yourself, please include your name and be sure to share the referral form with the person you are referring. Please understand that it is the student's responsibility to contact the Counseling and Outreach Program at Ivy Tech if he/she is interested in seeking services. The completed referral form can be submitted to the Counseling and Outreach mailbox in the Office of Student Support and Development.

If you are completing the referral form for yourself, please complete the referral form, providing contact information and a brief description of what you would like to speak with a counselor about. The completed referral form can be submitted to the Counseling and Outreach mailbox in the Office of Student Support and Development. A counselor from our office will contact you to set up an initial appointment.

Ivy Tech Counseling and Outreach Program Referral Form

Today's Date ____/____/____

Name _____ Gender: Male Female

Last First MI

Address

Street

City, State Zip

Phone

() _____ - _____ May we leave a detailed message yes no

Best time to call: _____

Alternate Phone

() _____ - _____ May we leave a detailed message yes no

Email Address

_____ May we email you to schedule an appointment yes no

Preferred times for counseling appointments _____

Who is completing this referral to the Counseling and Outreach Program?

Self Friend Faculty Other (please specify) _____

Other than a self-referral please include name of person completing this referral form:

I have shared this referral with the student named and understand that it is the student's responsibility to contact the Counseling and Outreach Program at Ivy Tech if he/she is interested in seeking services.

Signature

Reason for referral: _____
