

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: _____
