



## Referral Form

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

Student Email: \_\_\_\_\_

Student Phone Number (if known): \_\_\_\_\_

Program and Location: \_\_\_\_\_

### Reasons for Referral

- Academic struggles (please note: you must be able to provide what strategies you have tried with this student first before referring)
- Mental health or any related concerns
- Unsure (student is not acting like they normally do)  
How long has the student been “off”?

### Strengths:

### Areas of Improvement:

Background Information (please include any facts you may know about the student):

Completed forms are to be **placed facedown** to ensure privacy in basket marked *Counsellor* behind front desk OR given to counsellor personally.