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: ________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________