



Haskell Indian Nations University

Student Assistance Program (S.A.P.)

Referral Form

Note: Please use this form for referring students for counseling. Submit the completed form to the Counseling Services Center. The Counseling Supervisor will review and assign a counselor. Notification of the assignment will follow.

Student's Name: _____ Date of Referral: _____

Referred by: _____

Dept: _____ Telephone: _____

Nature of referral (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Possible Health Problem | <input type="checkbox"/> Possible Emotional Problem |
| <input type="checkbox"/> Suspected Chemical Abuse | <input type="checkbox"/> Abnormal Behavior/Conduct |
| <input type="checkbox"/> Academic Problems | <input type="checkbox"/> Other Concerns, please describe below |

Brief Narrative of Observation:

Additional Background Information (i.e. what contact/counseling have you had with the individual; has the individual had previous discipline write-ups?): Do you have any knowledge whether this individual has had any previous discipline write-ups?

Recommended Counseling Need (please check, if applicable):

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Personal Issues | <input type="checkbox"/> Academic |
|--|-----------------------------------|

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 Below this line for Office Use Only

Date Received and Logged in the office: _____

Date Reviewed by the Counseling Supervisor: _____

Level of Counseling Intervention Recommendation by the Supervisor (I, II, III): _____

Counseling Supervisor's Comment's About this Referral:

Counseling Referred to: _____ Date Referred: _____