

A counseling referral provides students with individual help and support in order to be successful as a student. This form will help us reach out to the student in a timely manner so that we can connect them to appropriate services early in the academic year. Please notify the student that you are referring them to Counseling Services. Email this form to [Karen Mosley](mailto:karen.mosley@ccp.edu)

Referring Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Referring Employee Phone Number \_\_\_\_\_

Course and Section Number \_\_\_\_\_

Student's ConnectMail Email \_\_\_\_\_

Student's ID Number \_\_\_\_\_

Is the student in CCP, CCR, or Middle College? If yes, please indicate where. \_\_\_\_\_

I have talked with the student about this counseling referral. Yes      No

Notes