

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