



MIRIAM COLLEGE
Guidance and Counseling Office

REFERRAL FORM

<p>Data Privacy Clause: By completing this form, I hereby agree that Miriam College may collect, use, disclose and process my personal data for the purpose of referral and possible case management. Requests for inspection, amendment or restriction of records must be in writing and addressed to the HEU Guidance and Counseling Office and must specify the reasons for the request. MC reserves the right to respond appropriately according to law.</p>			DATE OF FILING							
			M	M	D	D	Y	Y	Y	Y
Name of Referred Student			Year/Course		Semester/School Year					
Last Name	Given Name		Middle Name							
Reason/s for Referral										
<input type="checkbox"/> changes in academic performance			<input type="checkbox"/> unexplained significant drop in class/ declining academic performance, unexplained absences/ poor attendance, loss of interest and commitment, others: _____							
<input type="checkbox"/> changes in relationship with others			Friendships are lost or broken, extracurricular commitments are dropped, chooses to be alone, engages in high risk behaviors, misconduct, others: _____							
<input type="checkbox"/> changes in mood			Demonstrates intense unhappiness, hopeless, increased anger, irritability, tearfulness, emotional instability, unusual disruptive behavior pattern, threatening harm to self or others, inappropriate classroom behavior, isolation; unusually withdrawn, disproportionately aggressive behavior, others: _____							
<input type="checkbox"/> grieving a significant loss			Death of a significant person, family break up, relationship break up, others: _____							
<input type="checkbox"/> expressing ideas of suicide/depression			Unusual outputs in essays, novel/film/video choice, personal writing, art work, conversation has a focus on suicide, death, and depression, giving away of things, farewell message on social media, observable "cut" wounds on wrist/neck/legs or "covered" wrists, make statements suggesting they have imagined being dead and the impact this will have on others, others: _____							
Other observations about the student that you feel the counselor should know about (use back page if necessary)										
Frequency of Observed Behavior(s) in one (1) class period <input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> More than twice				Duration of Observed Behavior(s) <input type="checkbox"/> Two to three class periods <input type="checkbox"/> Every class period						
Action(s) Taken Prior To Referral to CGC										
Referred by			Designation/Position			Email/Contact No.				
(Signature Over Printed Name)										
To be filled out by GCO Personnel										
Received by:				Date Received:						

NOTE: Please be informed that, when necessary, we will contact you for more information regarding your referral.