



Goodwin College
Faculty/Staff Referral Intake Form

Please return this form to any of the counselors below in person or by e-mail at twood@goodwin.edu

Student: _____
Phone: _____
Academic Advisor: _____

Date: _____

Form completed by: _____

Reason for Referral (Please check all appropriate symptoms.)

- | | | |
|--------------------------------------------|----------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Anger | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Self- blame |
| <input type="checkbox"/> Behavior problems | <input type="checkbox"/> Depression | <input type="checkbox"/> Aggression |
| <input type="checkbox"/> Impulsiveness | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Late homework |
| <input type="checkbox"/> Peer Problems | <input type="checkbox"/> Isolation | <input type="checkbox"/> Tardiness/Absences |
| <input type="checkbox"/> Substance Abuse | | <input type="checkbox"/> Other: _____ |

Level of Referral Key:

Mild	Change in behavior (i.e. anxiety, depression, stress etc.)
Elevated	Disruptive behavior, showing signs of distress (emotionally and mentally)
Severe	Shared consistent threat including plan that could be carried out
Extreme	Threat made and repeated with references to weapons, etc.

Level: _____

Please write a brief description of referral:

Counselor's Follow-Up/Intervention plan

Outsource Referral Suggested: Yes or No Referral Agency: _____