



San Joaquin Delta College Counseling Services

COUNSELING REFERRAL FORM

To arrange a meeting with a campus counselor, faculty and staff are encouraged to refer students in need of Counseling Services with this referral form. We strongly recommend you speak to the student first regarding your concern, and then inform them of the referral to Counseling Services. **If there is an emergency and /or the student is in crisis, please call Campus Police immediately at 954-5000 or dial 911 from any campus phone.** Thank you in advance for your concern for this student.

Date: _____

Referred By: _____

Department: _____ Phone/Ext: _____

Student's Name: _____ SJDC ID#: _____

Preferred Student Contact Method:

Home Phone: _____ Cell Phone: _____

If contacted by phone, may we leave a message? ___ Yes ___ No

Email Address: _____

Reason(s) For Referral: (Please explain the presenting problem and share your observations.)

Check this box to indicate the student's refusal of Counseling Services that has been offered.

Faculty/Staff Signature: _____ Date: _____

***If you have a special circumstance, complete this section to request to have a counselor visit your location: (ex: death of a classmate/instructor, witness to a violent/traumatic act, etc.)**

Faculty Office

Faculty Classroom

CONFIDENTIAL

Please fill out this form and return to San Joaquin Delta College Counseling Center in DeRicco building 2nd floor, office 234, Attn: Dean of Counseling & Special Services
Phone: (209) 954-5151, ext. 6279 or ext. 6277