

The Counseling Center
Columbus State University

Schuster Success Center — 3rd Floor
706-507-8740

CENTER REFERRAL FORM

This form is a vehicle by which staff/faculty can document behaviors of students about whom they are *concerned*. Please print, complete and send to the Counseling Center.

Referral from: _____ Date: _____

Student's Name: _____

Reason for referral: _____

Date(s) of observations: _____

Behavioral Observations Checklist:

- | | | |
|--|--|--|
| <input type="checkbox"/> Self-mutilation | <input type="checkbox"/> Manic behavior | <input type="checkbox"/> Tics |
| <input type="checkbox"/> Inappropriate laughter/giggling | <input type="checkbox"/> Rocking | <input type="checkbox"/> Violent |
| <input type="checkbox"/> Uncoordinated/Clumsy | <input type="checkbox"/> Posturing | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Incoherent pattern of speech | <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Crying |
| <input type="checkbox"/> Temper outbursts/flare-ups | <input type="checkbox"/> Sadness (pervasive) | <input type="checkbox"/> Staring |
| <input type="checkbox"/> Purposeless movements | <input type="checkbox"/> Personality change | <input type="checkbox"/> Hallucinating |
| <input type="checkbox"/> Poor Hygiene | <input type="checkbox"/> Unusual noises | <input type="checkbox"/> Other |

The above checklist is designed to help the observer label or structure observations. Please elaborate upon observations in "Reason for Referral" Section.

Signature of Referral Source

Please be aware that a client has legal access to this information. Observations should be objective.