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| Student Substance Abuse/Counseling Referral Form | |
| Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Student Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. Check services needed below: | |
| □ Academic Problems | □ Homeless |
| □ Academic Accommodations/Disability | □ Lack of Food |
| □ Acting out in Class | **□ Hygiene Care** |
| □ Afraid/Scared | **□ Legal** |
| □ Alcohol –Intoxication | **□ Mental Health Issues** |
| □ Anger Management | **□ Not Completing Homework** |
| □ Anxiety | **□ Physically ill** |
| □ Attendance | **□ Relationship Problems** |
| □ Bullied | **□ Restless/on edge** |
| □ Difficulty Concentrating | **□ Sadness/Depression** |
| □ Drugs \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **□ Self-Harm-Cutting/Burning** |
| □ Domestic Violence | **□ Social Isolation/Withdrawal** |
| □ Drastic change in appearance | **□ Suicidal** |
| □ Eating Disorder | **□ Tearful** |
| □ Feeling Overwhelmed | **□ Traditional Services** |
| □ Financial problems | **□ Transportation** |
| □ Grief Counseling | **□ Tutor** |
| □ Harassed | **□ Un-motivated** |
|  | **□ Other** |
| 2. Please indicate students reasons for referral: | |
| 3. List Current Medications: (if any) | |
| 4. Student may schedule an appointment with Cheryll Atine, Student Counselor at (505) 726-3901 or email at [c.atine@navajotech.edu](mailto:c.atine@navajotech.edu)  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Student notified: Y N Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Referral Person: \_\_\_\_\_­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email/phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Please leave email or phone number if you like counselor to notify you if student has made contact or refuse services. | |