Student Referral Form

Student Name: _____ Instructor: _____

ID Number: _____ Instructor Phone: _____

Course: _____ Instructor Email: _____

Student Services Referral Form for Counselors

Check all that apply

☐ Academic Issues (low grades, not doing assignments, poor work ethic, etc.)

☐ Mental Health Issues (mood changes, depression, etc.)

☐ Behavior/Discipline (not paying attention, talking, disrespect, etc.)

☐ Career Plan

☐ Schedule/Add/Drop Classes

☐ Academic Program Change

☐ Substance Abuse

☐ Disability Services

Please discuss the issues that concern you about this student:

_____

_____

_____

_____

Student Services Referral Form for Student Retention

Check all that apply

☐ Homelessness

☐ Domestic Violence/ Abuse

☐ Unemployment

☐ At risk students (example: ex-convict, felon, court issues interfering with academic success)

☐ Student Needs: clothing, supplies, transportation, etc.

Please discuss the issues that concern you about this student:

_____

_____

_____

_____

Our Counselors

Chris Gardner: (910) 410-1731 | csgardner@richmondcc.edu **Crystal Shaw:** (910) 410-1729 | crshaw@richmondcc.edu
Sandra Ellis: (910) 410-1766 | saellis@richmondcc.edu **Tammy Patrick:** (910) 410-1739 | trpatrick@richmondcc.edu