



MIRIAM COLLEGE
Higher Education Unit
Guidance and Counseling Office

REFERRAL FORM

Data Privacy Clause: By completing this form, I hereby agree that Miriam College may collect, use, disclose and process my personal data for the purpose/s of referral. Requests for inspection, amendment or restriction of records must be in writing and addressed to the HEU Guidance and Counseling Office and must specify the reasons for the request. MC reserves the right to respond appropriately according to law.

			DATE OF FILING								
			M	M	D	D	Y	Y	Y	Y	
Name of Referred Student			Year/Course	Semester/School Year							
Last Name	Given Name	Middle Name									
Reason/s for Referral											
changes in academic performance e.g. sudden and unexplained tardiness or absences in online or face-to-face class, difficulty completing academic tasks and submitting requirements within scheduled deadline, decline in class participation, unsatisfactory grades			<input type="checkbox"/>	Please describe further.							
changes in relationship with others e.g. prefers to be alone, engages in impulsive and high-risk behaviors which can likely cause harm or distress to others, neglects social connection			<input type="checkbox"/>								
changes in mood e.g. demonstrates sadness, irritability, anxiety, loss of interest, feeling isolated, has problems with sleeping and/or eating			<input type="checkbox"/>								
grieving over a significant loss e.g. death of a significant person, death of a pet, family break up, relationship break up			<input type="checkbox"/>								
expressing ideas of suicide/depression e.g. unusual outputs in assignments, individual work, personal writing; conversation or social media account/s has a focus on suicide, death and depression, "cut" wounds; talking about feeling hopeless or having no reason to live, makes statements suggesting ideas of death or plans of committing suicide			<input type="checkbox"/>								
others			<input type="checkbox"/>								
Other information about the student that you feel the counselor should know about.											
How long has student been like this?											
Action(s) Taken Prior To This Referral to GCO											
Referred by			Designation/Position				Email/Contact No.				
(Signature Over Printed Name)											
To be filled out by GCO Personnel											
Received by:			Date Received:								

NOTE: Please be informed that, when necessary, we will contact you for more information regarding your referral.