

STUDENT COUNSELING SERVICES

Referral Form

(Kindly fill only those items marked with asterisks)

*Name of the Student

*NU ID no.

*Course & Year

Sponsored / Private

Date of Birth & Age

Address

Home Phone

Father's Name & Occupation

Mother's Name & Occupation

Father's cell Phone & email Id

Mother's cell phone & email Id

Student lives with:

*Reason(s) for referral

- motivation
- bullying
- worries
- stressed
- peer relationships
- inattentive
- hyperactive
- social skills
- personal hygiene
- lying
- absences
- late coming
- walking out of classroom
- tardy
- withdrawn
- stealing
- depression
- destruction of property
- aggressive
- dishonest
- drugs
- lacks confidence
- poor self esteem
- poor study skills
- poor grades
- other

*Concerns: _____

*Referred by: please provide
Name, signature, department &
Designation

Counselor's Signature

(please drop this in the box outside counselor's office)