



OFFICE OF COUNSELING AND CAREER SERVICES

COUNSELING REFERRAL SLIP

Name of Student :

ID Number :

Course / Major :

Gender : Male ☐ Female ☐

Date of Referral :

Reason(s) for Referral:

Initial Actions Taken:

Did the student agree to be referred to OCCS? Yes ☐ No ☐

Contact Number of Student (if available) :

Referred by:

Position / Department :

Contact Number /E-mail Address:

REFERRAL ACKNOWLEDGEMENT SLIP

To: _____ (Referring Person / Unit)
_____ (Office / Department)

This is to confirm that _____ whom you referred to us on _____
has visited OCCS on _____ and is being attended to by _____.

Kindly refer to the checklist below on the status of the case at hand.

- ☐ Closed at Intake Interview
- ☐ For Counseling
- ☐ Counseling Sessions are on-going
- ☐ Sessions Completed / Case Terminated
- ☐ Student did not show up ----- Number of follow-ups made by the Counselor: _____
- ☐ Referred to _____

Thank you.

Attending Counselor

Noted by: _____
OCCS Director

Date

OCCS' Copy



OFFICE OF COUNSELING AND CAREER SERVICES

COUNSELING REFERRAL SLIP

Name of Student :

ID Number :

Course / Major :

Gender : Male ☐ Female ☐

Date of Referral :

Reason(s) for Referral:

Initial Actions Taken:

Did the student agree to be referred to OCCS? Yes ☐ No ☐

Contact Number of Student (if available) :

Referred by:

Position / Department :

Contact Number /E-mail Address:

REFERRAL ACKNOWLEDGEMENT SLIP

To: _____ (Referring Person / Unit)
_____ (Office / Department)

This is to confirm that _____ whom you referred to us on _____
has visited OCCS on _____ and is being attended to by _____.
Kindly refer to the checklist below on the status of the case at hand.

- ☐ Closed at Intake Interview
- ☐ For Counseling
- ☐ Counseling Sessions are on-going
- ☐ Sessions Completed / Case Terminated
- ☐ Student did not show up ----- Number of follow-ups made by the Counselor: _____
- ☐ Referred to _____

Thank you.

Attending Counselor

Noted by: _____
OCCS Director

Date

Referring Person / Unit's Copy