**Talk It Out**

**Counseling Services**

**Request for Counseling Services from University of Arizona Counseling Program Partnership**

Use this form to request student/family counseling services from U of A Counseling Program.

**PRIORITY:**

[ ] Low: schedule when available

[ ] High: schedule as soon as possible

[ ] Emergency: see now

**Date:** ( )

**Request submitted by:** (Staff Name ) (Position/Title ) (Email ) (Phone # )

**Student information:**  (Student Name ) (DOB ) (Grade ) (School ) (Matric/Student ID# )

**Parent/Guardian information:** (Parent/Guardian Name ) (Primary Phone ) (Alternate Phone ) (Work Phone ) (Email ) (Preferred Language)

**Has school staff contacted/informed the parent/guardian of this request for counseling services?**

[ ] No

[ ] Yes (Informed by: Staff Name ) (Date: ) (Comments: )

**Referred by:**

[ ] Teacher, Counselor, Administrator, School Staff

[ ] Parent

[ ] Self (Student)

[ ] Other (Specify )

Reason(s) for referral

[ ] Social

[ ] Emotional

[ ] Academic

[ ] Vocational

[ ] Environmental

[ ] Interpersonal

[ ] Other (specify)