Peer Ambassador Referral Form

Student Name: ___________________________ Date/Time of Scheduled Meeting: ______________________

Referring Counselor Name: ___________________________

Student E-mail (if okay for Peer Ambassador to use): ___________________________
Student Phone (if okay for Peer Ambassador to use): ___________________________

Reason for the referral:

Student concerns or interests (i.e., relevant background information that the student wishes to share with the Peer Ambassador and/or any specific topics that the student would like to discuss when meeting with the Peer Ambassador):

Any additional Information about the student (when deemed appropriate by the student and his/her counselor):

Referring Counselor Signature: ___________________________ Date: ______________

Student Signature: ___________________________ Date: ______________

(REMINDER TO COUNSELOR: Please promptly insert this form in the black scanning folder)
Brief Documentation of Student Contact
(to be completed by Peer Ambassador following each student contact)

Nature of Student Contact:
__Initial Meeting   __Phone   __E-mail Sent   __E-mail Received
__Follow-Up Meeting   __Other (Specify):__________

Student Name: ___________________________  Date of Contact: ______________
Referring Counselor Name: ________________

Brief Description of Information Exchanged in Contact:

Referrals to campus resources made?   YES or   NO
If yes, specific referrals:

Peer Ambassador Name: ___________________________

Peer Ambassador Signature: ________________  Date: ________________

Brief Documentation of Student Contact
(to be completed by Peer Ambassador following each student contact)

Nature of Student Contact:
__Initial Meeting   __Phone   __E-mail Sent   __E-mail Received
__Follow-Up Meeting   __Other (Specify):__________

Student Name: ___________________________  Date of Contact: ______________
Referring Counselor Name: ________________

Brief Description of Information Exchanged in Contact:

Referrals to campus resources made?   YES or   NO
If yes, specific referrals:

Peer Ambassador Name: ___________________________

Peer Ambassador Signature: ________________  Date: ________________