



## WGTC HELPING STUDENTS SUCCEED REFERRAL FORM

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student ID No. \_\_\_\_\_ Program \_\_\_\_\_

Quarter \_\_\_\_\_ Referred By \_\_\_\_\_

### Reason For Referral

_____ Academic	_____ Attendance	_____ Personal
_____ Learning Disability	_____ Career Guidance	_____ Placement
_____ Tutoring	_____ Conduct/Behavior	_____ Schedule
_____ Facility Modification	_____ Health Issues	_____ Counseling
_____ Other		

Instructor Comments and Observations \_\_\_\_\_

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### Services or Accommodations Recommended

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Counselor's Remarks \_\_\_\_\_

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Action Initiated \_\_\_\_\_

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Conference Scheduled \_\_\_\_\_

Instructor's Signature \_\_\_\_\_

Counselor's Signature \_\_\_\_\_