



Counseling and Psychological Services
30 Bee Street, Suite 101
MSC 980
Charleston, SC 29425
Tel 843-792-4930
Fax 843-792-2535

Referral Form for Mandated Evaluation
Counseling and Psychological Services

This form should be completed by the Dean, Associate Dean, or Program Director when referring a student for a required evaluation. Please send this form and the attached Authorization Form for Release of Information for Required Evaluation signed by the student to the Counseling and Psychological Services (CAPS) office. When both forms have been completed and submitted to the CAPS office, the Dean’s office representative or the student may call CAPS to schedule the evaluation.

Name of Student: _____

College: _____

Referred by: _____

Date of Referral: _____

Reason(s) for Referral – Please check all that apply:

- Academic Problems
Professionalism Problems
Concern about student mental health
Honor Code violation
Student request of Leave of Absence due to mental health issues
Suspected impairment due to alcohol and/or drug use or abuse
Evaluation for ability to function in clinical settings
Other: _____

Comments relating to the referral:

Four horizontal lines for writing comments.

Signature of Dean, Associate Dean, or Program Director

Signature

Title

Date