



Linn State Technical College

Counseling Center
- - Referral Form - -

ID # _____ Date _____

Student Name _____

Program _____

Course _____ Referred by _____

The above student was referred to the Counseling Office for:

Check all that apply:

Substance Abuse Evaluation

Chronic Absenteeism

Anger Control

Uncivil Behavior

Poor Personal Hygiene

Bizarre Behavior

Other _____

Description Behavior/Comments _____
