

## ***Tools to Assist Clients with Referrals***

- **Referral Decisions -- Summary Form**
- **Guidelines and Follow-up Forms to Aid Referral Follow-through**

***Referral Decisions – Summary Form***

Student's Name or ID # \_\_\_\_\_ Birthdate \_\_\_\_\_

Date of Request \_\_\_\_\_

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Referred to:

1. On-campus program/resource: \_\_\_\_\_
2. Off-campus district resource (e.g., Counseling Center): \_\_\_\_\_
3. Off-campus community agency \_\_\_\_\_
4. No referral \_\_\_\_\_ (please indicate why)

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**PLANS FOR ENROLLMENT**

Person to contact \_\_\_\_\_ Phone \_\_\_\_\_

Location \_\_\_\_\_

Appointment time \_\_\_\_\_

Plans for making initial contact (anticipate any problems):

Back up plans:

If the above plan doesn't work out or if you need additional information or help, contact \_\_\_\_\_ at \_\_\_\_\_.

In a week or two, you will be contacted to see if everything worked out as planned.

## ***GUIDELINES FOR ACKNOWLEDGING STATUS OF REFERRAL***

### **Rationale:**

The referrer and the person to whom an individual is referred both have an ethical responsibility to take steps to ensure the referred individual has been able to make an appropriate contact for needed services.

Thus, the referrer follows-up, if feasible, with the individual or, if necessary, with the person to whom the referral was made.

Similarly, the professional receiving a referral should take steps to inform the referrer whether or not the referred individual has been provided with the recommended services.

### **Procedures for Communicating Referral Status and Preserving Confidentiality:**

Given the intent is to clarify referral status while preserving confidentiality about matters the client does not want others to know, the process of communication is designed to be simple and direct. For instance, in responding to an inquiry from the referrer, one of the following five responses should suffice.

1. The individual that you indicate having referred has contacted me, and I am providing the services for which you referred her/him. Thanks.
2. I had an exploratory session with the individual and referred her/him to \_\_\_\_\_. I will be following-up to see if the referral worked out.
3. The individual that you indicate having referred to me has not contacted me.
4. I have tried to make contact with the individual you referred but s/he has not responded to my messages.
5. I had an exploratory session with the individual, but s/he chose not to pursue the services I offer and was not interested in another referral. You may want to recontact her/him.

To facilitate such communication, a form such as the one attached may be useful.

### **Information Beyond Acknowledging Referral Status:**

Except where legal reporting requirements prevail, communications about the nature of the individual's problems and matters discussed require client consent. When communication about such matters may serve the individual's best interests, it is important to convey the matter to the client and to seek a signed release.

*Examples of Forms to Aid Referral Follow-Through*

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**School's Record of  
Response to Request for Assistance in  
Addressing Concerns about a Student/Family**

Name of student \_\_\_\_\_

Name of staff member who made contact with student \_\_\_\_\_

Date of contact with student \_\_\_\_\_.

The following are the results of the contact:

Follow-up needed? Yes \_\_\_ No \_\_\_

\_\_\_\_\_

If follow-up:

Carried out by \_\_\_\_\_ on \_\_\_\_\_  
(name of staff member)

Results of follow-up:

Was permission given to share information with referrer? Yes \_\_\_ No \_\_\_

If yes, note the date when the information was shared. \_\_\_\_\_

If no, note date that the referrer was informed that her/his request was attended to. \_\_\_\_\_

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*Status of Referral Follow-Through*

Student's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

\_\_\_\_ I was unable to connect with any of the services we discussed.

\_\_\_\_ I did connect with (write in the name of the service)

\_\_\_\_\_.

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Whether or not you connected with a service, you may want an additional session to discuss your service needs. If so, let us know by checking the following. We will then set up an appointment for you.

\_\_\_\_ I would like another session to discuss my needs.

*Status of Referral Follow-Through*

TO:

FROM:

We recently referred \_\_\_\_\_ to you.

As part of our case monitoring, we would appreciate your letting us know that this student connected with you.

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Name of person responding: \_\_\_\_\_

Today's Date: \_\_\_\_\_

\_\_\_\_\_ The above named student/family contacted us on \_\_\_\_\_ and was provided appropriate services.

\_\_\_\_\_ We have no record of this student/family making contact with us.

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Please return this form to:

Mrs. Benson  
Smith High School  
1340 S. Highland Ave.  
Johnston, Missouri 90005

*Form to be Returned to Initial Referrer*

*Record of Contact with Referrer*

Date: \_\_\_\_\_

To:

From:

Thank you for your request for assistance for \_\_\_\_\_.  
(name)

A contact was made on \_\_\_\_\_.

Comments: