

Office Use Only	
_____ Academic	PPS Intern
_____ Personal	MFT/PsyD Intern
_____ Social Skills	Social Work Intern
_____ Counseling	Psychologist

Azusa Unified School District
 546 South Citrus Avenue
 Azusa, Ca 91702
 (626) 858-6168

REFERRAL FOR APU COUNSELING PROGRAM

_____ Student Name

_____ Student Date of Birth

_____ School

_____ Teacher/Room Number

_____ Legal Guardian Name

_____ Relationship

_____ Primary Language

_____ Date

Reason for Referral: (Behavior or observable concerns)

_____ Person Making the Referral

_____ Relationship

_____ Date

Parent/Guardian Contacted: Yes If yes, via _____
 No

_____ Date

Distribution of Copies: Original- CWA APU Counseling Binder Parent Cumulative Record