



COUNSELING SERVICES  
Mandated Counseling Agreement

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

Mandated Counseling for: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student's Name

Student's Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_

Director/Assistant Director of Community Living  
or VP for Student Life who is approving the mandate: \_\_\_\_\_

Department Referring Student (e.g. Nursing, Education, Athletic): \_\_\_\_\_

Department's Referring Faculty/Staff Member: \_\_\_\_\_

Title (e.g. Professor, Coach): \_\_\_\_\_ Phone: \_\_\_\_\_

Counseling Services will contact the Department's Referring Faculty/Staff Member on or  
before \_\_\_\_/\_\_\_\_/\_\_\_\_ to confirm the status of the student's initial appointment.

Parameters of the Mandate: *(May be modified by the counselor for therapeutic purposes.)*

Number of Mandated Sessions: \_\_\_ 1 \_\_\_ 2-5 \_\_\_ Other: \_\_\_\_\_

Type of Mandated Sessions:

\_\_\_ in fulfillment of the Dangerous or Disruptive Student Policy (See Student Handbook)

\_\_\_ assessment of mental/emotional stability

\_\_\_ alcohol & other drug screening/evaluation

\_\_\_ counseling/wellness education (specify): \_\_\_\_\_

\_\_\_ other: \_\_\_\_\_

Frequency of Status Reports to the Department's Referring Faculty/Staff Member:

\_\_\_ monthly

\_\_\_ upon closure of case

\_\_\_ other: \_\_\_\_\_

Information to be included in the Status Report(s):

\_\_\_ attendance/non-attendance of the student

\_\_\_ level of participation of the student in the sessions

\_\_\_ other: \_\_\_\_\_

Signatures: Student: \_\_\_\_\_

Department's Referring Faculty/Staff Member: \_\_\_\_\_

Counselor Providing the Services: \_\_\_\_\_