CITIZEN ADVOCATES, Inc.
NORTH STAR FAMILY OF SERVICES

School Based Counseling Referral

Name of Student: _____

Name of Parents/Guardian: _____

Parent/Guardian Phone Numbers: _____

Grade: _____ Teacher (if applicable): _____

Person making referral: _____

Reason for referral:

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Please complete this form and email referral to the following individuals:
Samantha Burgess, samanthaburgess@citizenadvocates.net
Tyne Clookey, tyneclookey@citizenadvocates.net
Erin Tuthill, erintuthill@citizenadvocates.net
Krista Gebel, kristagebel@citizenadvocates.net