

**UMB-UR-BEST Coaching Referral**

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

**Person Making Referral:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

**Student's Contact Information:**

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Brief Description of What Student is Looking to Get from Coaching (try to include up to 3 specific goals):**

**Special Considerations for the Student (if there is extra information that would be useful for the coach to know, please provide it here):**

**Currently in Therapy?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**If yes, with:** Counseling Center therapist \_\_\_\_\_ Off-campus therapist \_\_\_\_\_

In the process of being referred to off-campus therapist \_\_\_\_\_

**Has this student graduated from Boston Public Schools (BPS)?**  NO

**Student Availability: (please list as many times as possible between 9:00 a.m. and 6:00 p.m. for each weekday)**

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

**Please indicate student interest/availability for:**

Remote coaching via Zoom

In-person coaching on campus

Both

Has preferred in person counseling, but depends on schedule match and days she is on/off campus

**Coaching Service Information Sheet Provided?** Yes: \_\_\_\_\_ No: \_\_\_\_\_