Triage, Engagement, and Support Teams (TEST)

Victor Valley College Referral Form
(Send completed referral form to Campus PD. Campus PD will forward to CAT.)

Date of Referral:

Referring Person:

Referring Person's Phone Number:

Referral Source: ☐ VVC Campus Police   ☐ Crisis Assessment Team
☐ Other (List: _____)

Student Information

Name: Student ID Number:

Date of Birth:

Address:

Phone Number: Student email address:

Reason for referral (presenting problem.):

-----**FOR TEST STAFF USE ONLY**-----

Date Received:

Date Student Contacted: Contacted By:

Opened for Services: Yes   No