



Turtle River School Division - Administrative Procedure

Section D – Student Services Division Social Work Services

Division Social Work Services

Turtle River School Division has a full-time social worker clinician who is available to help support students, families, and schools. The social worker is able to provide counselling services to students on a multitude of levels that vary from informal conversation to grief counselling. The social worker will also support students in other models beyond one-on-one situations, such as by working in small groups and by doing classroom interventions. The model used is “strength-based” and focuses on a student’s strengths in order to help support social, emotional, academic, and physical well-being.

Goals of a School Social Work Clinician

- Understand student behavior from a holistic perspective
- Build on strengths to improve the social, emotional, and academic functioning of a student
- Build relationships with families, communities, and schools
- Ensure that programs are accessible to families and students
- Build upon a family’s and student’s strengths in the community

What does the School Social Work Clinician Do?

- Work with students who are experiencing problems which are interfering with their success in school or with their attendance
- Advocate for families and students
- Collaborate with the school, community, and family to ensure the success of each student
- Educate and provide interventions to at-risk students
- Facilitate groups and individual counseling for students and families
- Crisis interventions
- Threat assessments
- Assist with referrals to collateral agencies
- Provide workshops for parents/guardians
- Promote cultural growth and awareness

Board Informed:	Last Reviewed:	Last Revision:
February 13, 2024		



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Possible Reasons for a Referral to the School Social Work Clinician

- Student is experiencing loss, family illness, or changes to family structure (separation and divorce)
- Parent-teen conflict
- Anxiety, depression, self-harming behavior
- Difficulty with adjusting to school environment
- Low self-esteem and self-worth
- Poor school attendance
- Poor connection with school, community, and peers
- Substance abuse
- School-age pregnancy
- Family violence
- Students at-risk of dropping out of school

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Procedures for School Referrals to Social Worker

1. If a member of the school team feels that a student or class would benefit from support from the division social worker, then they can complete a referral form. The resource teacher will gather all of the school team signatures and make a photocopy that they will keep on file.
2. If the referral is for a school intervention, small group counselling, or a classroom presentation, then a parental signature is not required.
3. If the referral is for one-on-one counselling with a student, then parental/guardian consent is required.
4. If parental consent is required, the resource teacher will contact the parent and explain why the school team is making a referral to the social worker before sending home the referral form.
5. Parents/Guardians have two choices in returning the forms.
 - a. They can place the form in a sealed envelope addressed to the division social worker and return to the school, or
 - b. They can directly mail the envelope addressed to the Division Social Worker to the division office address below:
Turtle River School Division
Attention: Division Social Worker
Box 309, 808 Burrows Ave.
McCreary, MB
R0J 1B0
6. When the referral form is completed and received, the social worker will get the appropriate school and division signatures and will schedule with the school a time to see the student. If the referral is for a school or classroom intervention/presentation then they will coordinate this with the school principal, resource teacher, and classroom teacher.
7. The student referral will be evaluated for priority and urgency of need, and services and support will be made available as soon as possible.

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Social Worker - Procedures for Parent Referrals

1. If parents would like their child to see the division social worker, they can complete a referral form, sign, and submit it confidentially either to the school resource teacher or mail it to the address below. This form is available by requesting a copy from the school or available for download from our division website using the link below.
2. Once the referral form is completed and received, the social worker will get the appropriate school and division signatures and will schedule with the school a time to see your child. They will contact you to let you know when they will begin seeing your child.
3. While the division social worker can do a number of proactive and preventative interventions, a parental request of this sort would be specifically for some one-on-one counselling or coaching.
4. The social worker maintains full confidentiality between them and their student. The counsellor's oath requires them to only break this confidentiality if it is felt that the child will harm either themselves or others.
5. The student referral will be evaluated for priority and urgency of need, and services and support will be made available as soon as possible.
6. Parents/guardians have two choices in returning the form.
 - a. They can place it in a sealed envelope addressed to the social worker and return to the school, or
 - b. They can directly mail the envelope addressed to the social worker to the division office address below:

**Turtle River School Division
Attention: Division Social Worker
Box 309, 808 Burrows Ave.
McCreary, MB
R0J 1B0**

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Turtle River School Division

P.O. Box 309 McCreary Mb. R0J 1B0
Telephone 204-835-2067 Fax 204-835-2426

School Social Work Clinician Referral Form

Date of Referral: _____ Referral Source: _____

Student Name: _____ Age: _____

Grade: _____ School: _____

Classroom Teacher: _____

Date of Birth: _____

Parents/Guardians: _____ Phone: _____

Funded? Y N Level _____

Concerns/Reason for Referral: _____

Check all areas of concern:

<p>BEHAVIOR</p> <p>___ Discipline ___ Aggression/Acting Out ___ Impulsive ___ Withdrawn ___ Hyperactive ___ Unusual/"Odd" Behavior</p>	<p>SCHOOL</p> <p>___ Academic Progress ___ Organizational Skills ___ Peer Relations ___ Authority Figure Relationships ___ Poor Attention ___ New/Transfer Student</p>
<p>HOME</p> <p>___ Death/Loss ___ Separation/Divorce ___ Conflict ___ Recent Move ___ Other</p>	<p>EMOTIONAL</p> <p>___ Sad ___ Nervous/Anxiety ___ Angry ___ Fearful ___ Mood Swings ___ Other</p>

Interventions Attempted: _____

Guidance/Resource Involvement: _____

What are your expectations for this referral? _____

Classroom Intervention/Presentation

School Intervention

Small Group Counselling

One-On-One Counselling

Other

Please List any External Agencies Involved or Other Supports this child is receiving:

What are the student's strengths/skills/interests: _____

Please list additional significant information, parent concerns, and/or comments:

Student knowledge of referral (circle): a. Has not been discussed with the student.

b. Student is aware of the referral

c. Parent/Teacher is aware of the referral

Parent/Guardian: _____ **Date:** _____

Resource Teacher: _____ **Date:** _____

Principal: _____ **Date:** _____

Student Services Coordinator: _____ **Date:** _____