



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 Withdrawn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