



BEAUTIFUL PLAINS SCHOOL DIVISION
 DIVISIONAL STUDENT AND FAMILY COUNSELOR
 REFERRAL FORM

Please fill in the following information/checklists. Please note that the referral form will be returned if all information is not provided. **Completed referrals should be mailed to the Coordinator of Student Services in a sealed envelope with all appropriate documents attached.**

Identifying Information

Student's Name: _____ Gender: M F Age: _____
 School: _____ Grade: _____ Teacher: _____
 Date of Referral _____ D.O.B. _____
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 M.E.T. Number: _____

Is this student funded? L2 L3 Psychological Report Available Yes No

Parent(s)/Guardian(s) Information

(Please check the preferred contact number(s).)
 Mother: _____ Phone: HM: _____ WK: _____
 Address: _____
 Father: _____ Phone: HM: _____ WK: _____
 Address: _____
 (Check if same as above)

If divorced or separated who has legal custody? Mother Father Both
 Who is to get copies of assessment and midterm reports? Mother Father Both

Reason for Referral:

1. Academic Related Performance

- A) Classroom**
- Failing grades
 - Assignments incomplete/missing
 - Tests failed/low scores
 - Difficulty following direction
 - School work messy/illegible
 - Difficulty with concepts
 - Inconsistent effort/decline in effort
 - Suspended from school/school activities
- B) School Attendance**
- Absent from school ____ days
 - Late getting to class
 - In school, skips class
 - Frequent counselor visits

2. Personal and Interpersonal Behaviour

- A) Classroom/Hallway Behaviour**
- Defiance of school rules
 - Verbal outbursts, swearing
 - Difficulty staying on task
 - Refuses to work/participate
 - Behaviour appears bizarre
 - Disoriented/confused
 - Other, explain _____
 - Withdrawn/does not respond
 - Aggressive behaviour
 - Inattentive/day dreams
 - Easily distractible
 - Trouble in hallway, playground, lunchroom, but (circle areas)

B) Peer Relationships

- Alone, lacks friends
 - Subject of teasing
 - Abusive to others
 - Inappropriate social skills
 - Inappropriate social interests
 - Tries to dominate/intimidate
 - Other, explain _____
- Plays scapegoat/self-blame
 - Blames others
 - Sudden change of friends
 - Older/younger social group
 - Sudden popularity

C) Moods/Feeling

- Low self esteem
 - Wide mood swings
 - Cries easily/depressed
 - Overreacts
 - Chronic complainer
 - Appears anxious/tense
- Unrealistic goals
 - Fearful of school
 - Weight loss or gain
 - Talks about death/suicidal
 - Talks about drug use

3. Special Programs

Please indicate any programs/assistance, that you are aware of, in which the child is enrolled.

- Life skills
- Guidance counseling
- Resource
- Work experience
- Peer tutor/counselor
- Speech/language
- Public health
- Addictions Foundation of Manitoba
- Child & Family Services
- Adolescent Mental Health Worker
- Children's Special Services

What strengths does the student have? _____

What has been tried by the classroom teacher/support personnel? _____

What kind of assistance are you expecting? _____

Parents - What are your concerns for your child? (Please use a separate page if necessary)

I, _____ parent or guardian of _____ give my permission for this referral to
Parent's Name *Student's Name*
 the Social Worker. I understand that the social worker may do some testing, consulting and/or counseling with my child and will meet with my child's teacher(s) and ourselves as parent(s)/guardian(s). I understand that there is no charge for this service. A report is sent to parent(s), the school, and the Student Services Coordinator. Should other agencies be involved, a Release of Information form will be sought prior to the information being shared.

Parent: _____ Date: _____
 Classroom Teacher: _____ Date: _____
 Principal: _____ Date: _____
SEND ALL REFERRALS IN A SEALED ENVELOPE TO THE COORDINATOR OF STUDENT SERVICES.
 Received by: Student Services Coordinator: _____ DATE: _____

This personal/health information is being collected under the authority of Beautiful Plains School Division and will be used for educational purposes or to ensure the health and safety of the student. It is protected by the Protection of Privacy provisions of the Freedom of Information and protection of Privacy Act and the Personal Health Information Act. If you have any questions about the collection, contact the Secretary Treasurer of Beautiful Plains School Division who acts as the Access and Privacy Coordinator at 204-476-2388.