



# SASC School Psychology Referral Form

PRIORITY: (Please select)

Student's Name:

Year Level:

Primary Contact:

Boarding: Yes NO

Boarding House:

Referred by:

Name:

(Please tick a box to select option)

Parent      Teacher/Staff      Team Leaders      Boarding House  
Nurses      Student self referral      Other \_\_\_\_\_

Student Aware of Referral: Yes No

If no, why not? \_\_\_\_\_

Parent/Guardian Aware of Referral: Yes No

If no, why not? \_\_\_\_\_

Does this student have an external mental health professional? Yes No Unsure

Reasons for Referral - Problems / Concerns related to: (Please check all that apply)

## ANXIETY / STRESS

- Worry / anxiety / fears
- Perfectionism
- Avoidance
- Self image / confidence

## **SADNESS**

Sadness / crying / grief

Withdrawal

## **ANGER**

Frustration / anger

Disrespect / defiance

## **RELATIONSHIPS**

Family relationships

Peer relationships

Social skills

Feeling harassed

Harassing others

## **BEHAVIOURAL CONCERNS**

Hyperactivity

Impulsivity

Dishonesty

Inappropriate behaviours

Substance use / abuse

Property destruction

## **RISK ISSUES**

Hurts self

Hurts others

## **ACADEMIC ISSUES**

Inattention / distractibility

Following instructions

Homework / assignment completion

School absence / refusal

## **GENERAL HEALTH**

Tiredness/fatigue

Changes to eating habits

Personal hygiene

Completing daily tasks

Organisation

Self Image/Confidence



Please provide further information regarding the referral concerns and the impact of these on the student's school functioning?

How long have these concerns been present in the school context?

**Indicate initial strategies trialled.**

Positive Behaviour plan

IEP

Working with Parent/Guardian

Medical interventions

Classroom adjustments

Other- please indicate

Other psychological services

Learning Support

Please comment on the success of these strategies.

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This referral has been approved by

Chris Jackman, Head of Junior School OR

Justin Adams, Acting Head of Senior School OR

Anthony Le Couteur, Head of Boarding OR

**Signature of person approving referral:**

**Date referral received:**