



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: