



# SASC School Psychology Referral Form

**Date of referral:**

**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)**

<input type="checkbox"/> Parent	<input type="checkbox"/> Teacher/Staff	<input type="checkbox"/> Team Leaders	<input type="checkbox"/> Boarding House
<input type="checkbox"/> Nurses	<input type="checkbox"/> Student self referral	<input type="checkbox"/> 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, Head of Senior School OR

Joshua Williams, Head of Boarding

**Signature of person approving referral:**

**Date:**