**R E F E R R A L FORM FOR PARENTS/GUARDIANS/PEERS**:

(Submit the form to the Appropriate Vice Principal)

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Being Referred:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Section: \_\_\_\_\_\_\_\_\_\_\_\_

Name of person making the referral:

Relationship to the Student:

Your Contact information: PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for referral (please check all that apply):

  Poor academic performance

 Sudden change of behaviour

  Inappropriate behavior

 Poor social skills

  Family problems

 Personal problems

  Suspected abuse (substance, alcohol, physical, verbal, sexual)

  Severe problems with staying on task

Brief description of the issue that is prompting you to make this referral at this time:

Was the student’s teacher notified about the issue and possible school counsellor’s involvement?