**R E F E R R A L FORM FOR TEACHERS/STAFF**:

(Submit the form to the Appropriate Vice Principal)

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

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

Name of person making the referral:

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:

Strategies that you have used with the student:

When was the parent/guardian notified of the concerns stated above AND possible school counsellor’s involvement?