CONFIDENTIAL COUNSELLING REFERRAL

Date: __________________________

Student Name: ___________________________________

STATUS: **CRITICAL** Urgent **as soon as possible**

Is the student aware of this referral? yes no

Referral by: self

peer name___________________________
teacher name___________________________
administrator name___________________________
parent name___________________________
other name___________________________

AREA OF CONCERN:

- **Academic**
  - school achievement
  - school leaving
  - attendance
  - course change/timetable
  - subject area concern
  - study skills
  - test taking preparation
  - scholarships
  - post-secondary requirements

- **Behaviour**
  - classroom
  - social skills
  - returning from suspension
  - mediation

- **Career**
  - making a career/educational choice
  - CHOICES/Bridges/Career Cruising/inventory session
  - resume writing
  - portfolio

- **Personal**
  - stress
  - friendship
  - social/emotional
  - finances/money
  - health
  - conflict resolution
  - self-esteem
  - home relations
  - peer pressure
  - gang
  - mental health
  - weight
  - sexuality
  - housing

- **Abuse**
  - harassment
  - bullying
  - physical
  - emotional
  - sexual
  - verbal
  - drug/alcohol/substance
  - self

- **Other:** ______________________________________________________________

Additional information:______________________________________________________

________________________________________________________________