Form 250-1

FSLW REFERRAL

This form is to be used to identify students who would benefit from FSLW (Family School Liaison Worker) individualized support and can be completed by BRSD staff, parent/guardians or community members.

Student's Name: _____ **Today's Date** *(m/d/y)*: _____

School: _____ Age: _____ Grade: _____

Parent/Guardian Name (s): _____

Best way to contact parent(s)/guardian(s): _____

Have the parents/guardians been contacted regarding receiving FSLW support? ☐ Yes ☐ No

NOTE: ***Parents/guardians of students under age 14 MUST be contacted prior to the FSLW referral being made.***

Custody arrangement of the student *(if applicable) (e.g. full, joint, foster care)*:

_____

If parents are separated/divorced, describe the *student's current living arrangement*:

_____

Please check all that apply to the student:

- ☐ Academic concerns
- ☐ Attendance concerns
- ☐ Attention problems
- ☐ Defiance
- ☐ Emotional regulation
- ☐ Feeling stuck
- ☐ Insomnia/poor sleep
- ☐ Irritable/on edge
- ☐ Low self esteem
- ☐ Nightmares
- ☐ Physical ailments
- ☐ Self critical
- ☐ Lying
- ☐ Low cognitive ability
- ☐ Poor/no social skills
- ☐ Social /relationship
- ☐ Aggressive behaviour
- ☐ Anger/frustration
- ☐ Fire starting
- ☐ Poor impulse control
- ☐ Not coping
- ☐ Anxiety/fears
- ☐ Bullied by others
- ☐ Bully others
- ☐ Depression/withdrawal
- ☐ Divorce/separation
- ☐ Grief/loss
- ☐ Identity exploration
- ☐ Loneliness
- ☐ Neglect
- ☐ Family stress/concerns
- ☐ Running from school
- ☐ Self harm
- ☐ Social Isolation
- ☐ Abuse/assault - emotional
- ☐ Abuse/assault - physical
- ☐ Abuse/assault - sexual
- ☐ Eating disorders
- ☐ Homeless
- ☐ Running from home
- ☐ Sexual health concerns
- ☐ Substance use/other addictions
- ☐ Suicidal thoughts/behaviour
- ☐ Family member incarcerated
- ☐ Criminal activity
- ☐ A Student or family in palliative care

Other: _____

Additional contributing factors *(limitations, cognitive ability, known trauma, family stress, other diagnosis):*

_____

What support(s) is/are the student accessing *(AHS, Mental Health, Counseling, MHCB, EA, Child Services, etc.)?*

_____

What is the student good at and/or what are they interested in?

_____

What do you enjoy about the student and/or what is strong about the student?

_____

What are your goals for referring the student? (What will success look like?)

_____

Referred by (print): _____ Relationship to student: _____

EMAIL COMPLETED REFERRAL FORM TO:

fslwreferral@brsd.ab.ca

No new referrals will be accepted in June.