

This form is to be used to identify students who would benefit from SWF individualized and/or referral support. It can be completed by BRSD staff, parents/guardians, or community members. Self-referring students use Form 250-1B.

Student's Name: _____ Referral Date: _____

School: _____ Age: _____ Grade: _____

Parent/Guardian Names(s): _____

Parent/Guardian or student contact: _____

Who does the student live with? _____

Have the parents/guardians been contacted regarding SWF support? Yes No

Why is a request for SWF support being made? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Attendance Concerns | <input type="checkbox"/> Not Coping |
| <input type="checkbox"/> Attention Problems | <input type="checkbox"/> Anxiety/Fears |
| <input type="checkbox"/> Defiance | <input type="checkbox"/> Bullied by Others |
| <input type="checkbox"/> Emotional Regulation | <input type="checkbox"/> Bullying Others |
| <input type="checkbox"/> Feeling Stuck | <input type="checkbox"/> Depression/Withdrawal |
| <input type="checkbox"/> Insomnia/Poor Sleep | <input type="checkbox"/> Divorce/Separation |
| <input type="checkbox"/> Irritable/On Edge | <input type="checkbox"/> Grief/Loss |
| <input type="checkbox"/> Low Self-Esteem | <input type="checkbox"/> Identity Exploration |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Loneliness |
| <input type="checkbox"/> Physical Ailments | <input type="checkbox"/> Neglect |
| <input type="checkbox"/> Self-Critical | <input type="checkbox"/> Family Stress/Concerns |
| <input type="checkbox"/> Lying | <input type="checkbox"/> Running from School |
| <input type="checkbox"/> Poor Social Skills | <input type="checkbox"/> Social Isolation |
| <input type="checkbox"/> Peer Relationships | <input type="checkbox"/> Problematic Use of |
| <input type="checkbox"/> Aggressive Behaviour | Technology |
| <input type="checkbox"/> Anger/Frustration | <input type="checkbox"/> Student or Family in |
| <input type="checkbox"/> Poor Impulse Control | Crisis |

Referral Support For:

- Abuse/Assault – Emotional
- Abuse/Assault – Physical
- Abuse/Assault – Sexual
- Eating Disorder
- Sexual Health Concerns
- Substance Use
- High Risk Self-Harm
- High Risk Suicidal Thoughts/Behaviours
- Criminal Activity

For the above, the SWF can support the student and/or family to access appropriate community supports.

What has been tried to support the above concern(s)?

What are your goals for referring the student? What would success look like?

Referred By _____

Relationship to Student _____