

*This form is for students who would benefit from individualized or referral support from a SWF. BRSD staff, parents/guardians, and community members use Form 250-1A.*

Student's Name: \_\_\_\_\_ Referral Date: \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Names(s): \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

\_\_\_\_\_

Who do you live with? \_\_\_\_\_

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 supports are you currently accessing? \_\_\_\_\_

Who are the support people in your life? \_\_\_\_\_

What are your goals for SWF support? What would success look like? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student Signature