APPENDIX – IV

TEACHER’S REFERRAL FORM

All information provided in here should be treated confidentially

Student: _______________ Grade: ___________ Date: ___________

1. Reason for referral

   Moods / Behaviours
   __ Anxious / worried
   __ Depressed / unhappy
   __ Eating disorder, body image concerns
   __ Hyperactive / inattentive
   __ Shy / withdrawn
   __ Low self-esteem
   __ Aggressive behaviours
   __ Stealing
   __ Other (please specify):

   Academic Performance
   __ Lower grades / achievement
   __ Academic failure
   __ Missing work
   __ Incomplete work
   __ Declining quality of work
   __ Lack of motivation / apathy
   __ Missing classes
   __ Other (please specify) ______

2. This has been a concern since:

3. Any other problems / complaints not mentioned above

4. General observations by the teacher(s) pertaining to the student

5. Other relevant information

Referred by: ___________________ Signature: ___________________.

Date Received _______________