



Student Services Referral Form

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| Student name: | | | | Year Group: | |
| Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Other | | | Date(s) of observations: | | |
| Area of Concern: (choose 1 or more) <input type="checkbox"/> Behaviour <input type="checkbox"/> Learning <input type="checkbox"/> Mental Health and Wellbeing <input type="checkbox"/> Attendance and Engagement <input type="checkbox"/> Other Do you have immediate/urgent concerns regarding risk of harm to the student or others? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please consult with the Student Services Manager as a matter of urgency prior to completing this form. | | | | | |
| Behaviours | Emotions | Thoughts | Learning | Social relationships | |
| What is the young person doing? | What is/might the young person be feeling? | What is/might the young person be thinking? | What learning areas are being affected? | What social areas are being affected? | |
| <i>(e.g., unsettled at sleep time, not following instructions or getting into conflict with others)</i> | <i>(e.g., sad, frustrated, angry)</i> | <i>(e.g., I'm missing my family or nobody understands me)</i> | <i>(e.g., difficulty concentrating in Maths or struggles to complete tasks in English)</i> | <i>(e.g., avoids group situations)</i> | |
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| Who is present at this time? <i>(e.g., family members, other young people, staff)</i> | | | Where do these concerns/events occur? <i>(e.g., one setting, multiple settings)</i> | | |
| How often does this happen? <i>(e.g., times per day/week)</i> | | | How long has this been happening for? <i>(e.g., always, just started, built up over time)</i> | | |
| When do they occur? What happens before and after these occurrences? <i>(e.g., what time of day)</i> | | | | | |
| How much does the behaviour impact on the young person and others? <i>(e.g., one setting, multiple settings)</i> | | | | | |
| What strategies have been tried with the young person? Who implemented these strategies? What was the outcome? | | | | | |
| What cultural factors might be playing a role in this situation? Have there been any changes in the young person's life? | | | | | |
| Any additional comments: | | | | | |
| Signature: Referrer: _____ If electronically sent, please tick <input type="checkbox"/> | | | | | |