

### Referral for Student Health Program Mental Health

To Be Completed by the School

Child's Name: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
day/month/year

Classroom teacher \_\_\_\_\_

Alberta Education Number \_\_\_\_\_

Name of Parent(s) \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Reason for Referral:

School Related Issues: Please fully describe specific concerns, behaviors, and needs

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What has already been tried in dealing with the problem(s) identified?

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Have Assessments been completed? If so please list type of assessment and date completed.

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What do you hope can happen for this child as a result of SHP involvement? (goals)

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How will you know when the problem has been solved? What will be the indicators that things are better?

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Please identify others involved with the child such as: FCSS workers, CFS workers, psychologists, speech therapists, etc.

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Please identify the school personnel who are prepared to work with SHP as part of this child's planning team.

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Completed by: \_\_\_\_\_