

NOTE: This is for student, parent/guardian & community referrals. Division employees are to use Form 250-2.

Student's Name: _____ Today's Date (m/d/y): _____

School: _____ Age: _____ Grade: _____

Parent/Guardian Name(s): _____

Parent/Guardian Contact Information: _____

Who does the student live with?
(Name & Relationship to Student) _____

Why is a request for FSLW support being made? (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Abuse/assault | <input type="checkbox"/> Family concern/stress | <input type="checkbox"/> Social isolation |
| <input type="checkbox"/> Aggressive behaviours | <input type="checkbox"/> Feeling stuck | <input type="checkbox"/> Social/relationship stress |
| <input type="checkbox"/> Anger/frustration | <input type="checkbox"/> Grief/loss | <input type="checkbox"/> Substance use |
| <input type="checkbox"/> Anxiety/fears | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Suicidal behaviours |
| <input type="checkbox"/> Attendance concerns | <input type="checkbox"/> Identity exploration | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bullying concerns | <input type="checkbox"/> Loneliness | _____ |
| <input type="checkbox"/> Depression/withdrawal | <input type="checkbox"/> Low self-esteem | _____ |
| <input type="checkbox"/> Divorce/separation | <input type="checkbox"/> Self-harm | |
| <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Sleep problems | |

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

Have there been any recent changes in the student's life? Yes No

If yes, explain: _____

List any mental health disorders, medical conditions or disabilities:

Is there anything else that would help the FSLW better understand the referral?

Referred by: _____ Relationship to student: _____

EMAIL COMPLETED REFERRAL FORM TO: fslwreferral@brsd.ab.ca

No new referrals will be accepted in June

NOTE: Referrals are triaged based on student need and resources available.
A FSLW or MHC B team member will follow up with you regarding the referral.