

Social Worker Referral – Elementary/Secondary Schools & Alternative Pathways

SUBMIT TO SW allocated to your school

Student's Name:	Date of Birth:
Referring School:	Grade: Number of credits (if applicable):
Reports on File: <input type="checkbox"/> Psychoeducational Assessment <input type="checkbox"/> Speech Language <input type="checkbox"/> Medical <input type="checkbox"/> Other: <input type="checkbox"/> IEP : <input type="checkbox"/> Identified Exceptionality:	
Home Address:	Home Phone: Cell #:
Lives with: (Name)	Relationship to student:
Legal Guardianship:	Cultural Considerations:
Attached: <input type="checkbox"/> Credit Counselling Report (if applicable) <input type="checkbox"/> Attendance Profile <input type="checkbox"/> Copy of OSR cover (Schools Attended) <input type="checkbox"/> Last Report Card <input type="checkbox"/> Educational Profile	

Presenting Concerns:

<p><u>Social Behaviour</u></p> <input type="checkbox"/> Impulsive, acts before thinking <input type="checkbox"/> Suspected Substance use/abuse: <input type="checkbox"/> alcohol and/or <input type="checkbox"/> drugs <input type="checkbox"/> Changes in friends and/or peer group <input type="checkbox"/> Withdrawn from <input type="checkbox"/> peers <input type="checkbox"/> staff <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Others concerned about his/her behavior <input type="checkbox"/> Socially immature, engages in inappropriate behavior <input type="checkbox"/> Lack of concern for others/insensitive <input type="checkbox"/> Bullying: <input type="checkbox"/> Victim <input type="checkbox"/> Victimizer <input type="checkbox"/> Threatening Behaviours: <input type="checkbox"/> To self <input type="checkbox"/> To others <input type="checkbox"/> Sexualized Behaviour <input type="checkbox"/> Other _____	<p><u>Mood/Sense of Self</u></p> <input type="checkbox"/> Confirmed diagnosis: <input type="checkbox"/> Psychotropic Meds: <input type="checkbox"/> Mood swings <input type="checkbox"/> Secretive <input type="checkbox"/> Uncooperative <input type="checkbox"/> Withdrawn <input type="checkbox"/> Depressed <input type="checkbox"/> Expresses feelings of hopelessness/helplessness <input type="checkbox"/> Difficulty concentrating/easily distracted/bored <input type="checkbox"/> Poor self-esteem <input type="checkbox"/> Anxiety <input type="checkbox"/> Sudden outbursts of anger <input type="checkbox"/> crying <input type="checkbox"/> Past <input type="checkbox"/> self-harm <input type="checkbox"/> suicidal ideation <input type="checkbox"/> Present <input type="checkbox"/> self-harm <input type="checkbox"/> suicidal ideation <input type="checkbox"/> Sensory Concerns <input type="checkbox"/> Other _____
<p><u>Classroom Conduct</u></p> <input type="checkbox"/> Sleeps in class <input type="checkbox"/> Appears unmotivated <input type="checkbox"/> Disruptive <input type="checkbox"/> verbal <input type="checkbox"/> physical <input type="checkbox"/> Skips classes <input type="checkbox"/> Is often late <input type="checkbox"/> Drop in grades <input type="checkbox"/> Poor organizational skills <input type="checkbox"/> Refuses to complete work <input type="checkbox"/> Poor problem-solving skills <input type="checkbox"/> Frequently "sent to office" <input type="checkbox"/> Suspensions <input type="checkbox"/> 3-5 days <input type="checkbox"/> 6-10 days <input type="checkbox"/> 15-20 days <input type="checkbox"/> Incomplete homework/work not handed in <input type="checkbox"/> Informal Time-outs <input type="checkbox"/> Other _____	<p><u>Physical Concerns</u></p> <input type="checkbox"/> Poor hygiene <input type="checkbox"/> Extensive absences due to illness <input type="checkbox"/> Significant weight loss or gain <input type="checkbox"/> Frequently fatigued <input type="checkbox"/> Complaints of aches and pains <input type="checkbox"/> Pregnancy <input type="checkbox"/> Physical disability <input type="checkbox"/> Other _____ <hr/> <p><u>Student Strengths:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 45%;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div>

Primary Concerns:

1.

2.

External Agency Interventions/Supports:

- | | | | | |
|---|-------------------------------|----------------------------------|----------|--------|
| <input type="checkbox"/> CONTACT Niagara | <input type="checkbox"/> past | <input type="checkbox"/> present | Contact: | Phone: |
| <input type="checkbox"/> FACS involvement | <input type="checkbox"/> past | <input type="checkbox"/> present | Contact: | Phone: |
| <input type="checkbox"/> NHS | <input type="checkbox"/> past | <input type="checkbox"/> present | Contact: | Phone: |
| <input type="checkbox"/> Pathstone | <input type="checkbox"/> past | <input type="checkbox"/> present | Contact: | Phone: |
| <input type="checkbox"/> Bethesda | <input type="checkbox"/> past | <input type="checkbox"/> present | Contact: | Phone: |
| <input type="checkbox"/> REWIND (John Howard Restorative Justice program) | | | | |
| <input type="checkbox"/> Probation Services | <input type="checkbox"/> past | <input type="checkbox"/> present | Contact: | Phone: |
| <input type="checkbox"/> Psychiatrist/Psychologist | <input type="checkbox"/> past | <input type="checkbox"/> present | Contact: | Phone: |
| <input type="checkbox"/> Other: | | | | |

Action School has Attempted

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Positive Behaviour Plan/Safety Plan | <input type="checkbox"/> IST | <input type="checkbox"/> Student Success Team | |
| <input type="checkbox"/> Area Team (i.e. Central Resource Teacher, Central EA) | | | |
| <input type="checkbox"/> Call to Home | <input type="checkbox"/> Sent to Office | <input type="checkbox"/> Teacher Detention | <input type="checkbox"/> Office Detention |
| <input type="checkbox"/> Attendance Counsellor | <input type="checkbox"/> Youth Counsellor | | |
| <input type="checkbox"/> Sent Home Total # of Days: | | | |
| <input type="checkbox"/> Parent/Teacher/Student Meeting | | | |
| <input type="checkbox"/> Suspension | | | |
| <input type="checkbox"/> Expulsion Pending | <input type="checkbox"/> Expelled | | |
| <input type="checkbox"/> Other: | | | |

Referring IST/ISSST Member: _____

Principal Signature: _____ **Date:** _____

☐ **Parent Informed by:** _____ **Date:** _____

☐ **Parent consented to SW involvement**

Social Worker: _____

Date received: _____

Fax completed form to: 905-688-6129 to the attention of your Area Social Worker