

# Social Workers in Schools - Referral Form

## Student Details

*Alternatively the student details from the school data base can be attached*

Student's Name: .....

DOB:     /     /     Place of Birth: ..... Age: ..... M  F

Ethnicity: ..... Iwi / Hapu: .....

Parent / Caregiver Name(s): .....

Relationship to Student: .....

Address: .....

Home Phone: ( 0    ) ..... Mobile: .....

Email: ..... Occupation: .....

## Other Significant Family Members

Name	Relationships	Contact Phone (if applicable)

## Referrer Contact Details

Referred by: School  Agency  Relative / Friend  Other  (describe) .....

Referrer Name: ..... Agency: .....

Position: ..... Branch: .....

Work Phone: ..... Work Fax: .....

Email: ..... Mobile: .....

## Reason For Referral

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## Referrer Assessment

Based on the above referral, please read below and tick appropriate box

- HIGH** - Current crisis for child / families – family breakdown, suspension from school, a serious medical situation (CYFS notification, domestic violence and abuse added).
- MEDIUM** - Ongoing issues (less serious) e.g. repeated truanting, constant bullying of other children, getting into fights, recurring health problems.
- LOW** - Single instance of concern. Early intervention is undertaken to avoid escalation. Single incident of truancy or bullying, occasional incidents of coming to school inadequately clothed or without lunch.

## Please Identify Reasons for Referral

Please tick

- |   |   |  |
|---|---|--|
| <input type="radio"/> Behavioural Issues                  | <input type="radio"/> Family Relationship               | <input type="radio"/> Health & Wellbeing |
| <input type="radio"/> Learning Needs                      | <input type="radio"/> Family Financial / Material Needs | <input type="radio"/> Alleged Abuse      |
| <input type="radio"/> School Absences (truancy, lateness) | <input type="radio"/> Parenting Support                 | <input type="radio"/> Emotional          |
| <input type="radio"/> Information & Advice                | <input type="radio"/> Family Violence                   | <input type="radio"/> Drug & Alcohol     |
| <input type="radio"/> Mental Health                       | <input type="radio"/> Multi-stress Family               |  |
| <input type="radio"/> Other.....                          |   |  |

## Worker Safety Issues (violent behaviour, aggressive dogs, firearms, gang affiliations etc.)

If Yes, Please elaborate .....

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## Student/Family Needs/Issues To Be Addressed

(include details of any previous or current interventions)

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## Other Professionals

Please tick or write in the space provided

- |   |  |                              |
|---|--|------------------------------|
| <input type="radio"/> Public Health Nurse | <input type="radio"/> Child Youth & Family | <input type="radio"/> Police |
| <input type="radio"/> Community Agencies  | <input type="radio"/> RTLB                 | <input type="radio"/> GSE    |
| <input type="radio"/> Other.....          |  |                              |

## Student / Whanau Consent

Have you discussed this referral with the student or whanau concerned?

- Student    Yes     No
- Whanau    Yes     No