



# Scarborough Primary School

## Youth Care School Chaplain Referral Form – Parent/Caregiver

### Referral Section

Date of Referral:	Parent / Caregiver Name:	
Student First Name:	Student Surname:	
Year:	Room:	Class Teacher:
Reason for Referral: <i>(Tick all that apply)</i>		
<input type="checkbox"/> Parent Separation	<input type="checkbox"/> Self Esteem	<input type="checkbox"/> Fitting in/Making Friends
<input type="checkbox"/> Grief/Loss	<input type="checkbox"/> Being Bullied	<input type="checkbox"/> Social Skills
<input type="checkbox"/> Family Relationships	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Emotions
	<input type="checkbox"/> Self-Regulation	<input type="checkbox"/> Other _____

Teacher Notified of Chaplain referral. Comment: *(if applicable)*

Any other comments:

### Chaplain Section

Feedback/information received from parent/caregiver:

Date of first visit with Chaplain:

Feedback after initial meeting with student: *(if applicable)*

The following strategies will be put into place to help: *(if applicable)*

School Chaplain Signature:

Date:

Followed up with  Parent/caregiver  Teacher  Admin

Date:

All completed forms to be handed to Admin