



SASC School Psychology Referral Form

Date of referral:

PRIORITY: (Please select)

Student's Name:

Year Level:

Primary Contact:

Boarding: ☐ Yes ☐ NO

Boarding House:

Referred by:

Name:

(Please tick a box to select option)

☐ Parent ☐ Teacher/Staff ☐ Team Leaders ☐ Boarding House

☐ Nurses ☐ Student self referral ☐

Student Aware of Referral: ☐ Yes ☐ No

If no, why not?

Parent/Guardian Aware of Referral: ☐ Yes ☐ No

If no, why not?

Does this student have an external mental health professional? ☐ Yes ☐ No ☐ Unsure

Reasons for Referral - Problems / Concerns related to: (Please check all that apply)

ANXIETY / STRESS

- ☐ Worry / anxiety / fears
- ☐ Perfectionism
- ☐ Avoidance
- ☐ Self image / confidence

SADNESS

- ☐ Sadness / crying / grief
- ☐ Withdrawal

ANGER

- ☐ Frustration / anger
- ☐ Disrespect / defiance

RELATIONSHIPS

- ☐ Family relationships
- ☐ Peer relationships
- ☐ Social skills
- ☐ Feeling harassed
- ☐ Harassing others

BEHAVIOURAL CONCERNS

- ☐ Hyperactivity
- ☐ Impulsivity
- ☐ Dishonesty
- ☐ Inappropriate behaviours
- ☐ Substance use / abuse
- ☐ Property destruction

RISK ISSUES

- ☐ Hurts self
- ☐ Hurts others

ACADEMIC ISSUES

- ☐ Inattention / distractibility
- ☐ Following instructions
- ☐ Homework / assignment completion
- ☐ School absence / refusal

GENERAL HEALTH

- ☐ Tiredness/fatigue
- ☐ Changes to eating habits
- ☐ Personal hygiene
- ☐ Completing daily tasks
- ☐ Organisation
- ☐ Self Image/Confidence

Please provide further information regarding the [referral concerns and the impact of these on the student's school functioning?](#)

How long have these concerns [been present in the school context?](#)

Indicate initial strategies trialled.

- | | | |
|---|--|--|
| ☐ Positive Behaviour plan | ☐ IEP | ☐ Working with Parent/Guardian |
| ☐ Medical interventions | ☐ Classroom adjustments | ☐ Other- please indicate |
| ☐ Other psychological services | ☐ Learning Support | <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> |

Please comment on the success of these strategies.

This referral has been approved by

- ☐ Chris Jackman, Assistant Head of College / Head of Junior School
- ☐ John Ruge, Assistant Head of College / Head of Senior School
- ☐ Fraser Bolton, Assistant Head of Senior School / Boarding

Signature of person approving referral:

For Junior School please email form to chris.jackman@scotsallsaints.nsw.edu.au

For Senior School please email form to john.ruge@scotsallsaints.nsw.edu.au