



MITCHELTON STATE HIGH SCHOOL

Engaging Minds – Connecting Hearts

Student Support Referral Form

Email form to studentsupport@mitcheltonshs.eq.edu.au

STUDENT DETAILS			OFFICE USE ONLY	
Name:			Date Received:	
Year Level:	Date:	D.O.B	Appointment Scheduled :	
REFERRED BY:				
KEY AREA/S OF CONCERN (tick all that apply):				
<input type="checkbox"/> Self-Harm	<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Gender Diverse		
<input type="checkbox"/> Suicidal Ideation	<input type="checkbox"/> Parent/Carer Neglect	<input type="checkbox"/> Engagement		
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Attendance	<input type="checkbox"/> Future/Career		
<input type="checkbox"/> Anxiety/Depression	<input type="checkbox"/> Illness/Family Illness	<input type="checkbox"/> Bullying		
<input type="checkbox"/> Other Mental Illness	<input type="checkbox"/> Social Skills	<input type="checkbox"/> Stress		
<input type="checkbox"/> Death of a Loved One	<input type="checkbox"/> Anger/Violence	<input type="checkbox"/> Homelessness		
<input type="checkbox"/> Sexual Health	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Financial Hardship		
<input type="checkbox"/> Other (please specify):				

FOLLOW-UP URGENCY:		
<input type="checkbox"/> Critical (24 hrs) Notify a Principal or Guidance Officer	<input type="checkbox"/> Within a week	<input type="checkbox"/> Within a fortnight

DETAILS OF REFERRAL:
Please detail any relevant behaviours observed or disclosures made to you. Please include names, dates and times where possible.

- * Is the student aware of this referral? YES / NO
- * Are parents aware of the concerns? YES / NO
- * Do you know of anyone else involved? YES / NO

OFFICE USE ONLY - REFERRED TO:		
<input type="checkbox"/> Guidance Officer (Bianca Sommerville)	<input type="checkbox"/> School Based Youth Health Nurse	<input type="checkbox"/> Defence Schools Mentor
<input type="checkbox"/> Guidance Officer (Steve Gilmore)	<input type="checkbox"/> Aboriginal and Torres Strait Islander Support Officer	<input type="checkbox"/> Youth Support Coordinator
<input type="checkbox"/> Deputy Principal	<input type="checkbox"/> Chaplain	