Logo, company name

Description automatically generated

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**REFERRAL FORM TO SCHOOL-BASED CHANGES D&A COUNSELLOR**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Targeted Prevention (Cassy/Devan)** |  | **Suspension** |  | **Changes  (Kristi/Indy/Rob)** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Referral:** | |  | | | | **Referred by:** | | |  | | | | |
| **School Admin** |  | **Counsellor/CEA** |  | **Teacher** |  | | **Parent** |  | | **FN Advocate** |  | **Other** |  |
| **Phone #** |  | | | **Ext.** |  | | **Email** |  | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Youth’s Personal Data** | | | | | | | | | | | | | | | | | |
| **Youth Name and Preferred Pronoun:** | | | | | | | | | | | | | | | | | |
| **Date of Birth:** | | | | | | | | | | | | | | | | | |
| Male  Female  Trans man/Trans female  Two-Spirit  Non-Binary  Genderqueer/gender Non-conforming (GNC)  Not stated (please state): | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Age** |  | **Health #** | |  | | | | | | | | | **School** | | |  | |
| **Indigenous Descent** | | | **Y** | | **☐** | **N** | **☐** | | **Status** | **Y** | **☐** | **N** | | **☐** | **Band Name** | |  |
| **Address** | |  | | | | | | | | | | | | | **Postal Code** | |  |
| **Phone #** | |  | | | | | | | | | | | | | **Cell #** | |  |
| **Parent/Caregiver/Guardian Name(s)** | | | | | | | |  | | | | | | | | | |
| **Email/Address/Phone Number (if different than above)** | | | | | | | |  | | | | | | | | | |

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| **Reason for Referral** | | | | | | | | | |
|  | | | | | | | | | |
| **Substance Misuse** | | | | | | | | | |
| **What do you know about youth’s history/patterns of substance misuse?** | | | | | | | | | |
|  | | | | | | | | | |
| **Impact of Use (Please check all that apply):** | | | | | | | | | |
|  | | | | | | | | | |
| **Skipping Class** |  |  | **School Suspension** | |  |  | **Loss of Friends** | |  |
| **Employment Absenteeism** |  |  | **Loss of Employment** | |  |  | **Criminal Involvement/ Charge** | |  |
| **Health Issues** |  |  | **Sexualized Behavior** | |  |  | **Family Conflict** | |  |
| **Hospitalization** |  |  | **Other** | |  |  |  | |  |
| **If other, please describe:** |  | | | | | | | |  |
| **Is the youth aware of this referral?** | | | | | **Yes** | | | **No** | |
| **Did the youth agree to this referral?** | | | | | **Yes** | | | **No** | |
| **Is the youth mandated/required to come to this service?** | | | | | **Yes** | | | **No** | |
| **Is the youth’s parent/caregiver aware of this referral?** | | | | | **Yes** | | | **No** | |
| **How would you describe their school attendance?** | | | | **Regular** | **Infrequent** | | | **Tardy** | |

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| **MENTAL/EMOTIONAL HEALTH CONCERNS, DIAGNOSES, CONDITIONS:** | | | | | | | | | |
| **Do you know of any mental health concerns/issues?** | | | | **Yes** | | | **No** | | |
| **Please check all that are applicable:** | | | | | | | | | |
| **Criminal Behavior** | **☐** |  | **Eating Concerns** | | **☐** |  | | **FASD** | **☐** |
| **Learning Disability** | **☐** |  | **Medical Condition** | | **☐** |  | | **Grief/Loss** | **☐** |
| **Anger/Aggression** | **☐** |  | **Pregnant/Teen Mom** | | **☐** |  | | **ADHD** | **☐** |
| **Parent/Teen Conflict** | **☐** |  | **Family History of Mental Health**  **Family History of Addictions** | | **☐**  **☐** |  | | **Depression**  **Anxiety** | **☐**  **☐** |
| **Self-Harming** | **☐** |  | **Suicidal** | | **☐** |  | | **Abuse/trauma** | **☐** |
| **Medical Condition** | **☐** |  | **Autism Spectrum Disorder** | | **☐** |  | | **Other** | **☐** |
|  | | | | | | | | | |

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| --- |
| **Please provide further information surrounding the checked boxes:** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **ADDITIONAL INFORMATION:** | | | |
| **Is this youth currently working with any other professionals?** | | **Yes** | **No** |
| **Names of the Counsellor(s):** |  | | |
| **Please indicate if there is any above information that you don’t want shared with the youth.**  **Comments:** | | | |

If you have any questions or concerns, please feel free to contact Kelly Stewart at (250) 869-7156 or 763-2977 ext. 123 or email kstewart@arcprograms.com