

Peace Wapiti School District #76
Referral Form for Community School Team

School – Peace Wapiti Academy Contact: School Counsellor (780) 513-9504

Date of Referral: _____ / _____ / _____
 (month) (day) (year)

Name of student: _____ Gender: M / F

Birthdate: _____ / _____ / _____
 (month) (day) (year)

Address: _____

Student has been made aware of referral: yes no (circle)

Referral made by: (Self , Peer , Parent , School Staff) (circle)

Person making referral: _____ Phone #: _____

Reason for referral:

Parent / Guardian contacted? Yes No (circle)

Parent / Guardian name: _____ Phone #: _____

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Referral: (circle)

School Counsellor / FNMI / Family School Liaison Worker /
Alberta Mental Health / Peace Country Health Nurse / RCMP /
Child & Family Services / Administration / AADAC / Student Health
Program

Person: _____

Date seen: _____ / _____ / _____
 (month) (day) (year)

Follow up notes:
