



Mount Gravatt High Student Wellbeing Referral Form

****Urgent referral (student protection/self-harm/suicidal ideation)- immediately informs GOs, Psych and/or ELT**

Name of REFERRER:		Date:
STUDENT'S Name:		Year Level:
REFERRED BY:	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Self (student) <input type="checkbox"/> Staff <input type="checkbox"/> ELT <input type="checkbox"/> Other	
KEY AREA/S OF CONCERN (tick all that apply):		
Mental Health	Engagement	Other
<input type="checkbox"/> Suicidal Ideation*	<input type="checkbox"/> Engagement	<input type="checkbox"/> Family Conflict
<input type="checkbox"/> Self-Harm*	<input type="checkbox"/> Health Issue	<input type="checkbox"/> Homelessness
<input type="checkbox"/> Harm (neglect and/or abuse)*	<input type="checkbox"/> Academic Achievement	<input type="checkbox"/> Social Skills/Peer Issues
<input type="checkbox"/> Anxiety/Depression	<input type="checkbox"/> Future/Career	<input type="checkbox"/> Financial Hardship
<input type="checkbox"/> Grief /Loss		<input type="checkbox"/> Anger/Violence
<input type="checkbox"/> Other Mental Health		
<input type="checkbox"/> Other (please specify):		

Teacher Support Provided:	Called Home	Refer to Dean	Refer to School Nurse
Additional Comments:			
REFERRAL DETAILS: Please provide a brief description of the issue. Include any relevant details (times, dates, names, background information):			

Student consents to being referred to any of the below support staff, as deemed appropriate:

Yes No U Unaware

Please email the completed form to GuidanceOfficers@mtgravattshs.eq.edu.au

STUDENT WELLBEING TEAM USE ONLY		
Date Received:	Follow Up Urgency: <input type="checkbox"/> Critical <input type="checkbox"/> 2-3 days <input type="checkbox"/> Routine	
Referred to:		
<input type="checkbox"/> GO (Daniel Wilson)	<input type="checkbox"/> Year Level Dean	<input type="checkbox"/> Community Ed. Counsellor
<input type="checkbox"/> GO (Diane Glassington)	<input type="checkbox"/> School-Based Nurse	<input type="checkbox"/> Youth Support Coordinator
<input type="checkbox"/> DP	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Other _____
<input type="checkbox"/> HOD Junior/Middle/Senior	<input type="checkbox"/> HOSES/Case Manager	

Support from the Guidance Officers, SBYHN, Psychologist and Youth Support Worker is provided on a voluntary basis unless there are concerns for the student's safety.