



Confidential Referral Form

(Please complete Sections 1-14 & Section 18.1)

1. Date: __/__/_____	2. Grade/sec:	
3. Student name:	4. DOB/age:	
5. STATUS: <input type="checkbox"/> Urgent <input type="checkbox"/> Non-Urgent		
6. Is the student aware of this referral? Yes <input type="checkbox"/> No <input type="checkbox"/>		
7. Referral by:	<input type="checkbox"/> Self (<i>Applicable to Grades 5-12</i>)	
<input type="checkbox"/> Teacher	Name:	
<input type="checkbox"/> Supervisor/HOD	Name:	
<input type="checkbox"/> Parent	Name:	
<input type="checkbox"/> Other	Name:	
Areas of concern		
8. Academic		
<input type="checkbox"/> School achievement	<input type="checkbox"/> Reading and writing concern	<input type="checkbox"/> Speech & Language
<input type="checkbox"/> Subject area concern	<input type="checkbox"/> Math concern	<input type="checkbox"/> Fine-motor skills
9. Behavioral		
<input type="checkbox"/> Attention	<input type="checkbox"/> Incomplete classwork/assignments	<input type="checkbox"/> Test taking/preparation
<input type="checkbox"/> Social skills	<input type="checkbox"/> Missed assessments	<input type="checkbox"/> Classroom conduct
10. Emotional/Social/Personal		
<input type="checkbox"/> Anxiety/stress	<input type="checkbox"/> Conflict resolution	<input type="checkbox"/> Mental health
<input type="checkbox"/> Social/emotional	<input type="checkbox"/> Peer pressure	<input type="checkbox"/> Physical Health
<input type="checkbox"/> Home relations	<input type="checkbox"/> Friendship	<input type="checkbox"/> Self-esteem
11. Abuse		
<input type="checkbox"/> Physical	<input type="checkbox"/> Bullying	<input type="checkbox"/> Sexual harassment
<input type="checkbox"/> Emotional/verbal	<input type="checkbox"/> Self-harm	<input type="checkbox"/> Drug/alcohol/substance
12. Other:		
13. Additional information:		
14. Intervention(s) Implemented by the Teacher(s) (please attach evidence or additional notes)		
Teacher's name: _____		

Vision: To develop leaders in all walks of life through quality learning and teaching.

Mission: An eco-friendly, learner-centric institution of excellence dedicated to developing global citizens equipped with knowledge, moral values, cultural understanding, and devotion to tolerance who will lead at the national and international stage.

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Teacher's name: _____

15. School Counselor's Intervention(s) (If applicable)-For office use only

16. Inclusion Department Procedure(s)/Recommendation(s) (If applicable)- For office use only

17. Follow-up-For office use only

18. 1 Signature of referring party:

18.2 Signature of School Counselor:

18.3 Signature of Inclusion Department Head:

18.4 Signature of Head of GIS Support Team: