

This Referral Form is to facilitate the referral process between schools and FSCs and/or Parenting Support Providers (PSPs).

Instructions: **Fields with * are compulsory.**

Sections A, B, C and D to be completed by the School.

The agency receiving the referral is to acknowledge receipt in Section E.

FSCs and SSAs are to update Section F, where applicable.

SECTION A: Referral Details

*Date of Referral: _____

*Referred to: _____
(Name of FSC)

*Referring School's Case Ref: _____

*Referring School: _____

*School's Point of Contact: _____

*Designation: _____

*School Staff's Contact Information: _____

*DID: _____

*Email: _____

*Reason(s) for Referral:

(i) Presenting issue:

If others, please specify:

(ii) Brief description, if necessary:

Parent(s)/Legal Guardian's consent:

Parent(s)/Legal Guardian is agreeable and consents to be referred for further assistance/help by FSC or SSA.

SECTION B: Student's Information:

*Name of Student: _____

*BC/NRIC: _____

Date of Birth (DD/MM/YYYY): _____

Age (in years): _____

Student's Gender: _____

Class: _____

Session: _____

NRIC Address:

Residing Address (if different from above):

*Contact Details: HP: _____

*Home contact: _____

Email: _____

Any other information to note, such as medical conditions, special needs:

SECTION C: Student's Next-of-kin/Parent's/Legal Guardian's Particulars

*Name: _____

*NRIC: _____

*Relationship to Student: _____

*Contact No: _____

*Parent(s)/Legal Guardian Spoken Language: _____

If others, please specify:

SECTION D: Case Background

Briefly elaborate the onset and nature of presenting problem(s):

Summary of actions undertaken by School such as date of interview/sessions conducted, prelim assessment:

Please indicate if referrals to other agencies have been done:

Name of Agency: _____

Purpose of Referral: _____

Please indicate if client is known to other agencies or receiving other form of assistance:

Name of Agency: _____

Type and Quantum of Assistance Duration of Assistance:

Further information in attached social report

Verified By:

Name of Principal / Vice Principal: _____

Designation: Principal / Vice Principal (delete as appropriate)

Date: _____

End of Inter-Agency Referral Section

SECTION E: Acknowledgement of Referral (Agency to email to referring agency within 4 calendar days from receipt of referral)

Name of Case Officer: _____

Date: _____

DID: _____

Email: _____

SECTION F: UPDATE OF REFERRAL OUTCOME (FSC/SSA to email back to referring agency within 14 calendar days from receipt or acknowledgement of referral on follow-up action taken)

Date: _____

Accepted

Follow-up action taken:

Rejected

Reasons for case closure:

Referred to Other Agency Please specify:

Others (i.e. contacted client, arranged to meet client etc.)

Please specify: _____

Other Remarks, if any: _____