

CONFIDENTIAL

**Student Affairs Office
Student Counselling Services**

Form H

Referral Form for Staff

Name of Student	:	(Eng)		(Chi)
Student ID	:	_____		
Program/Course/Year	:	_____		
Sex/Age	:	/		
Contact No.	:	_____		

Reason(s) for Referral:

- | | | |
|----------------------------|--|--------------------------|
| 1. Irregular Attendance | | <input type="checkbox"/> |
| 2. Emotional Disturbance | | <input type="checkbox"/> |
| 3. Behavioral Problem | | <input type="checkbox"/> |
| 4. Adjustment Difficulty | | <input type="checkbox"/> |
| 5. Study Problem | | <input type="checkbox"/> |
| 6. Poor Peer Relationship | | <input type="checkbox"/> |
| 7. Family Problem | | <input type="checkbox"/> |
| 8. Financial Difficulty | | <input type="checkbox"/> |
| 9. Others (please specify) | | <input type="checkbox"/> |

Time since problem has surfaced:

- <1 month
 <3 months
 >3 months

Motivation to seek help:

- Low
 Adequate
 High

Student already informed of referral for counselling services:

- Yes
 No

Referred by	_____
Position	_____
Department	_____
Room/Tel.Ext.	_____
Date	_____

- Please send the completed referral form to Senior Counsellor, Mr. William Wong (whwong@twc.edu.hk).
- For at risk cases or students in extreme emotions, you are encouraged to accompany the student to seek for immediate support at SAO or contact us at once.
- If the student is unwilling for referral, please contact us directly at 3190-6757(William) for discussion.