

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:

- | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|
| <ol style="list-style-type: none"> 1. Irregular Attendance 2. Emotional Disturbance 3. Behavioral Problem 4. Adjustment Difficulty 5. Study Problem 6. Poor Peer Relationship 7. Family Problem 8. Financial Difficulty 9. Others (please specify) | <table border="1" style="border-collapse: collapse; width: 50px; height: 100px;"> <tr><td style="width: 50px; height: 20px;"></td></tr> <tr><td style="width: 50px; height: 20px;"></td></tr> <tr><td style="width: 50px; height: 20px;"></td></tr> <tr><td style="width: 50px; height: 20px;"></td></tr> <tr><td style="width: 50px; height: 20px;"></td></tr> <tr><td style="width: 50px; height: 20px;"></td></tr> <tr><td style="width: 50px; height: 20px;"></td></tr> <tr><td style="width: 50px; height: 20px;"></td></tr> <tr><td style="width: 50px; height: 20px;"></td></tr> <tr><td style="width: 50px; height: 20px;"></td></tr> </table> | | | | | | | | | | |
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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 Counsellor, Ms. Tina Tsang (tinatsang@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 6620 (Tina) for discussion.