

**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"> <li>1. Irregular Attendance</li> <li>2. Emotional Disturbance</li> <li>3. Behavioral Problem</li> <li>4. Adjustment Difficulty</li> <li>5. Study Problem</li> <li>6. Poor Peer Relationship</li> <li>7. Family Problem</li> <li>8. Financial Difficulty</li> <li>9. Others (please specify)</li> </ol> | <table border="1" style="border-collapse: collapse; width: 50px; height: 150px;"> <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 Counsellors, Ms. May Fung ([mayfung@twc.edu.hk](mailto:mayfung@twc.edu.hk)) and Ms. Zara Tse ([zaratse@twc.edu.hk](mailto:zaratse@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 (May) or 3468 6783 (Zara) for discussion.