



MARIST COLLEGE CANBERRA
CONFIDENTIAL

24 hr Mental Health Service
Crisis line 018 627899

Student Referral Form to School Counsellor

Name of Student: ACN

House and Tutor Group: 12 X 10 9 Patrick

Reason for Referral (What student does or does not do which causes concern):

- ① Br Kortke says ACN is confused & troubled & needs to talk 5/91
- ② ACN ... makes a successful friend 4/91 ③ Relationship problems with Peers 28/4/92
- ④ Family Problems - conflict with parents Depressive - suicide talk
- ⑤ Serious Health Problem & Psychiatric Problems

Father's Name: REDACTED Mother's Name: REDACTED

Guardian: _____

Student's date of birth: REDACTED

Student's usual address: REDACTED

Home phone number: REDACTED

Parental Contact during the day: REDACTED REDACTED

Father: REDACTED Mother: REDACTED

Self Esteem
Peer Harris
23rd percentile
12.5.92

(Guardian (or Step Parent): _____)

Person Making Referral: ① Br Kortke ACN

Other attempts to remediate problem (e.g. present assistance from Special Ed. Dept; previous visit to School Counsellor): _____

Academic Achievement (e.g., Above Average; not working to ability, etc):
above average

Special Factors and other relevant information (e.g. parental separation; disabilities).
Please write "Interview Requested" if information is highly personal:
alleged Act of Indecency by Br Kortke while ACN was in yr 7
into care had bulimia

Parental Contact: PM

<u>Br Kortke</u>	<u>5/91</u>	<u>(ACN failed to attend)</u>
Person Making Referral	Date	
<u>ACN</u> self	<u>20-6-91</u>	

Depression - 97% 12/11/93 (IPAT Depression Scale)
Beck = 41 12/11/93