

Student Wellbeing Assistance Card



Student's name: _____ M F Year _____

Reported by:

Self Other Student Friend Staff Parent

Length of time issue has been occurring: _____

TYPES OF ISSUE EXPERIENCED

ISSUES WITH OTHER STUDENTS

VERBAL _____
PHYSICAL _____
SOCIAL _____

ISSUES WITH SCHOOL WORK

ISSUES WITH TEACHER

OTHER ISSUES

DETAILS

Referred to:

- Year Coordinator
- Student Services Officer
- Chaplain
- Student Wellbeing Coordinator
- Other _____

Follow up:

Date:

Issue has Stopped Issue is substantially Reduced Issue is reduced
Issue is ongoing Issue has increased Issue has become very serious

Entered into SIS by _____ Date _____