



## Teacher and School Counsellor Referral Form

**We Are Indigenous: Big/Worries Fears, Parent/Caregiver Support Program** is a phone-based coaching program to help Parents/ Caregivers develop more skills effective in reducing mild to moderate Big Worries/Fears (also known as anxiety) in their children ages 3–12, and to further develop their Strong-Spiritedness.

Please complete and return by fax or email to the contacts listed below. For more information or referral forms, please visit [BigWorriesStrongSpirit.ca](http://BigWorriesStrongSpirit.ca)

Only completed referral forms will be accepted.

**Please print or type**

Referral date: \_\_\_\_\_

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
(MM/DD/YYYY)

Parent/Caregiver name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_ Email: \_\_\_\_\_

If the Child or Parent/Caregiver/Guardian identifies as Indigenous, are they:  First Nations  Métis  Inuit

Preferred method of communication:  Phone  Email  SMS

Referrer name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Referrer role:  Teacher  School Counsellor  School Psychologist School Name \_\_\_\_\_

### Criteria

- Please indicate if the child:
- Is between 3 and 12 years of age  Is a resident of British Columbia
  - Is exhibiting ongoing **mild to moderate Big Worries/Fears (anxiety)** that negatively influence the child's ability to function at home, at school or in their community
  - Has **not** been diagnosed with or pending diagnosis for FASD, autism spectrum disorder, or significant intellectual impairments or cognitive delay
  - Does **not** exhibit severe to extreme impairment in mood, emotion, self-harm or substance

### Consent

- The Parent/Caregiver has given verbal consent for their information to be provided to the Canadian Mental Health Association, BC Division to assess eligibility for intake into the program

### Referrer comments

Referrer signature \_\_\_\_\_

Please send referrals to: Fax 1-778-747-3988 or Email [BigWorriesStrongSpirit@cmha.bc.ca](mailto:BigWorriesStrongSpirit@cmha.bc.ca)