

**REFERRAL FORM**

**Mental Health - Education K-12**

**La Ronge Indian Band Education, Training,  
& Employment Branch**

Box 480

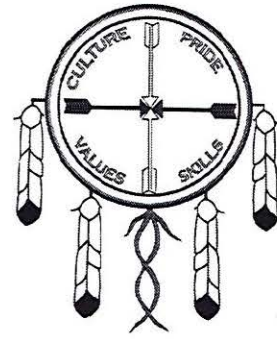
La Ronge, Saskatchewan

S0J 1L0

T: 306-425-4938

F: 306-425-3030

E: [seapieces.marsland@llribedu.ca](mailto:seapieces.marsland@llribedu.ca)



Date: \_\_\_\_\_

ATTENTION: Intake

Referral provided by: \_\_\_\_\_

(Please print name and title)

Phone: \_\_\_\_\_

Agency: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Student Information**

Name: \_\_\_\_\_

Guardian's name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

School: \_\_\_\_\_

**Reason for Referral**

Mental health	Addictions	Behavioral Consult	Other
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Please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_