**嘉義縣私立協同高級中學輔導室學生轉介單**  年 月 日

**Concordia Middle & High School, Counseling Department Counseling Transferring Form**

Date:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **學生個案資料 Student’ s Background Information** | | | | | | | | | |
| 姓名Name：\_\_\_\_\_\_\_\_\_\_\_ 性別Gender：□男M □女F  班級Class：\_\_\_\_\_\_\_\_\_\_\_\_\_\_(導師Homeroom： )  家長聯絡電話Parent’ s Phone Number: ＿＿＿＿＿＿＿＿ | | | | | | | 家庭狀況Family type：  □單親Single parenting  □隔代教養Grandparenting  □其他Other | | |
| **轉介緣由 / 指明行為問題**  **Transferring Reason / Indication of Behavior Problems** | | | | | | | | | |
| 日期Date  (時間Time) | | 行為問題簡述  Descriptions of Behavior Problems  (發生過程Process) | | | 誰在抱怨  (主要困擾者)  Who has been bothered ? | 發生情境Situation  (地點Location) | | 期望行為結果  Expected Behavior  (消除或減輕  What to eliminate or reduce?) | |
| 7.26  早自修  July 26th  Morning hour | | 拒絕進入教室上課  The student refused to go into the classroom and join the class. | | | 家長  導師  Parents  Homeroom | 校門口  In front of the school gate | | 減輕進入課室學習的恐懼  Expect to reduce the fear of learning in the classroom. | |
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| **初步行為問題處理/已經做的努力**  **Initial Solution / Efforts done** | | | | | | | | | |
| □個別與學生晤談，次數約\_\_\_\_\_\_次 Individual talk the student for \_\_\_\_\_\_\_ times. | | | | | | | | | |
| □通知家長、親師合作Informing the parents to seek for cooperation among parents and teachers. | | | | | | | | | |
| □依校規記過處分，說明：  Punishment according to school regulations. Descriptions： | | | | | | | | | |
| □轉介其他單位，說明：  　Transferring to other department or office. Descriptions： | | | | | | | | | |
| □尋求其他資源，說明：  　Seeking for other helping resources. Descriptions： | | | | | | | | | |
| 備註Notation： | | | | | | | | | |
| **輔導方向建議 Counseling Suggestions** | | | | | | | | | |
| □有建議之認輔教師Suggested counselor： | | | | | | | | | |
| □進行輔導須特別留意的地方Cautions during counseling： | | | | | | | | | |
| **輔導室接案紀錄 Counseling Records** | | | | | | | | | |
| 填單人員  Form Builder |  | | 輔導組長  Leader of Counseling Group |  | | | 輔導主任  Head of Counseling Department | |  |
| 接案老師Current Counselor： | | | | | | | | | |