

## Referral from School for Psychological Assessment / Counseling

Please fill out the following information in as much detail as possible.  
This will help us to gain a better understanding of the child during the first intake meeting.

Name of student	_____	Gender:
	First Middle Last	
School and grade	(Grade: )	Age:

Name of Referral Person (job position Eg.Counselor/HR teacher)	
Contact number	
E-mail address	

### Preferred Psychological Assessment/Counseling (Please circle where applicable)

English • Japanese	Cognitive assessment: Use of intelligence tests to determine IQ
English • Japanese	Academic assessment: Use of academic tests, neuropsychological tests, intelligence tests, questionnaires and interviews
English • Japanese	Diagnostic assessment: Full assessment of cognitive, behavioral, emotional and developmental areas including diagnostic measures.
English • Japanese	Risk Assessment: assessment by psychiatrist • assessment by psychologist Is the child currently suspended from school? yes • no (circle where applicable)
English • Japanese	Counseling

\*Please note that we provide English reports for assessments conducted in English. It is possible to add Japanese language components but the report will be prepared in English. If the assessment is to be done in Japanese, the report will be provided in Japanese.

### Please describe reason for recommendation of psychological Assessment/Counseling

(Main presenting issue, Purpose, etc)
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**Thank you for taking the time to fill out this referral form!**

After completing the form, please return it to the parent or send it to [info@1st-step.org](mailto:info@1st-step.org).

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

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