

JUBILEE CHRISTIAN ACADEMY  
CHRISTIAN FORMATION DEPARTMENT, S.Y. \_\_\_\_\_

**CFD REFERRAL FORM**

Student's Name: \_\_\_\_\_ Grade&Section: \_\_\_\_\_ Date: \_\_\_\_\_

Please check (✓) the reason/s that will apply to the concern being referred to the CFD personnel.

PERSONAL	EMOTIONAL	SOCIAL	FAMILY	SCHOOL	BIBLICAL
<input type="checkbox"/> low motivation	<input type="checkbox"/> dramatic change in behavior	<input type="checkbox"/> withdrawn	<input type="checkbox"/> fighting with siblings	<input type="checkbox"/> low Grades	<input type="checkbox"/> questions about God and Salvation
<input type="checkbox"/> inattentiveness	<input type="checkbox"/> worries / fears	<input type="checkbox"/> has difficulty relating well with others	<input type="checkbox"/> abuse of family members	<input type="checkbox"/> misconduct e.g., respect for others	<input type="checkbox"/> refusal to pray and read the Bible
<input type="checkbox"/> low self-confidence	<input type="checkbox"/> impulsiveness	<input type="checkbox"/> bullying	<input type="checkbox"/> parental problems	<input type="checkbox"/> university placement	<input type="checkbox"/> spirit disturbance
<input type="checkbox"/> over-activeness	<input type="checkbox"/> grief	<input type="checkbox"/> vices e.g., drinking, drugs, smoking, pornography	<input type="checkbox"/> defiance towards parents	<input type="checkbox"/> new student adjustment concerns	<input type="checkbox"/> interest in occultic practices
<input type="checkbox"/> hurting oneself / others	<input type="checkbox"/> crying		<input type="checkbox"/> living with the extended / non-family		<input type="checkbox"/> negative about Christian matters e.g., church involvement or ministry
	<input type="checkbox"/> nervousness				
	<input type="checkbox"/> anger				
<input type="checkbox"/> Others/Remarks: _____ _____ _____ _____	<input type="checkbox"/> Others/Remarks: _____ _____ _____ _____	<input type="checkbox"/> Others/Remarks: _____ _____ _____ _____	<input type="checkbox"/> Others/Remarks: _____ _____ _____ _____	<input type="checkbox"/> Others/Remarks: _____ _____ _____ _____	<input type="checkbox"/> Others/Remarks: _____ _____ _____ _____
[ ] Referred by/ date : _____ [ ] Received by: (CFD staff) / date: _____					

\*\*\* UPDATE ON CFD REFERRAL FORM \*\*\*

STUDENT'S NAME: \_\_\_\_\_ GRADE AND SECTION: \_\_\_\_\_

CONCERN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(CFD REFERRAL FORM '15-'16)

\*\*\* RECEIPT OF THE CFD REFERRAL FORM \*\*\*

STUDENT'S NAME: \_\_\_\_\_ GRADE AND SECTION: \_\_\_\_\_ DATE: \_\_\_\_\_

CONCERN: \_\_\_\_\_ RECEIVED BY / DATE: \_\_\_\_\_

(CFD REFERRAL FORM '15-'16)

ajs/mbc 10/12.23/15