

Confident Parents Thriving Kids ANXIETY PROGRAM



Teacher and School Counsellor Referral Form

Confident Parents: Thriving Kids - Anxiety is a phone-based coaching program to help parents develop skills effective in reducing mild to moderate anxiety problems in children ages 3–12.

Please complete and return by fax or email to the contacts listed below. For more information or referral forms, please visit www.ConfidentParents.ca

Please note: The Confident Parents - Behaviour program is not accepting teacher or school counsellor referrals at this time. Only complete referral forms will be accepted.

Please print or type. Referral date: _____

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

Parent/guardian name: _____ Relationship to child: _____

Address: _____ City: _____ Postal code: _____

Home phone: _____ Cell phone: _____ Email: _____

Referral agent name: _____ Phone: _____ Fax: _____

Referral agent role: Teacher School Counsellor

School Name _____ School District _____

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 anxiety** that negatively impact 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, significant intellectual disability, self-harm or substance abuse issues.

Referrer comments _____

Referrer signature _____

Please send anxiety program referrals to:
Fax 1-778-247-0127 or
Email cptk.anxiety@cmha.bc.ca

The parent/guardian 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

(Sept 2019)