

## 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	_____ First                      Middle                      Last	Gender:
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.

### School Observation

School observation is an essential part of the assessment process. This is especially important for children in the younger age ranges. Typically an observation would include 90 min observing a structured class (Eg. Math/ Reading/ circle time) and an unstructured time (Eg. Recess/ Lunch). There will also be a 30 min interview with teachers/ counselors/ learning support staff.

Please indicate the possibility of a school observation at your school. yes / no

Preferred dates/ times (Eg. Jan 5, 9:00~12:00/ Wed 8:30~13:00) :

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

(Main presenting issue, Purpose of assessment, etc)

**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: \_\_\_\_\_