



# School Social Work Referral Form

Referral Date \_\_\_\_\_

<b>OFFICE USE ONLY</b>
Date Received _____
Initial Contact _____
Follow-up _____
Student # _____

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex/Race \_\_\_\_\_ / \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Special Education-Type \_\_\_\_\_ Teacher \_\_\_\_\_

Parent/Legal Guardian(s) \_\_\_\_\_ / \_\_\_\_\_ Lang. spoken in home \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

MHP/APT Complex/SUB Name \_\_\_\_\_ Best Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Father's Work/Cell# \_\_\_\_\_ / \_\_\_\_\_ Mother's Work/Cell # \_\_\_\_\_ / \_\_\_\_\_

Siblings of Student (include grade and school): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Psychological:**  Yes  No Date \_\_\_\_\_ Special Programs \_\_\_\_\_

Has student been retained?  Yes  No *If yes, please list which grade(s)* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Current Grades:** Language Arts \_\_\_\_\_ Math \_\_\_\_\_ Science \_\_\_\_\_ Social Studies \_\_\_\_\_ Other \_\_\_\_\_

**CASE CATEGORY: (check all that apply)**

- Abuse  Academic  Attendance  Deprivation  Discipline  Economic Aid
- Family  Group  Health  Homeless  Lost Instructional Time  Juvenile Delinquent
- Mental Health  Pregnancy  Residency  Special Education  Substance Abuse  Other \_\_\_\_\_

**CONCERN(S) AS SEEN BY REFERRING PERSON:**

*(If attendance, please attach copy of student's attendance records, If Middle or High School, please attach student's schedule and/or any other pertinent information)*

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### Attempts made by school to address concerns before referring to SSW (Required)

*(Type of Contact- TC=Telephone Call, COR=Correspondence, SC=Student Conference, PTC= Parent/Teacher Conference, HV=Home Visit, O=Other)*

	Date of Contact	Type of Contact	Outcome
Teacher:			
Counselor:			
Administrator:			
Other:			

Referring Person's Name \_\_\_\_\_ Counselor's or Administrator's Signature \_\_\_\_\_ (Required)

Referring Person's Signature \_\_\_\_\_