



Full Service Schools Program
Referral for Services



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

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_ School: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_

Classroom/Homeroom Teacher: \_\_\_\_\_ ESE Designation: \_\_\_\_\_

HAS PARENT BEEN CONTACTED REGARDING THIS REQUEST? YES [ ]

\*\*\*Parent MUST be notified by the referral source before the Resource Center can attempt to contact

Please mark the following area(s) of concern:

Classroom Conduct:

- Disruptive, Inappropriate Responses, Defiant, Excessive Absenteeism, Skipping Class, Sleeping in Class

Behavior(s) Observed:

- Negative attitude, Self-Harm Behaviors, Mood swings, Suicidal/homicidal thoughts, Withdrawn (loner), Depressed mood (sad), Extreme weight loss/gain, Poor Social Skills, Anger, Bullying, Physical aggression, Defensiveness, Difficulty accepting mistakes, Gang/Occult related drawings /symbols and affiliation

Academic Performance Observed:

- Declining quality of work, Academic Failure, Lack of concentration/attention focus, Lack of motivation, Unrealistic expectations

Other/Comments: \_\_\_\_\_

Blank lines for additional comments

Is the student receiving services from another agency? [ ] Yes [ ] No If yes, list agencies and contact names(if known):

Blank lines for agency information

Personal/Family/Friends Issues:

- Divorce/Separation, Poor Relationships, Grief/Loss, Negative Influences, Abuse/Neglect, Low Self-Esteem, Recently moved to the area, Sexual identity/orientation (struggles) (Self-Referrals)

Possible Alcohol/Drug Usage:

- Suspected use of tobacco, alcohol, or other drugs, Suspected possession of tobacco, alcohol, drugs, or paraphernalia, Suspected of selling or delivering tobacco, alcohol, or other drugs

Health and Wellness Services:

- Counseling, Mentoring, Teen Parent Services, Medical, Vision, Clothing, Food

Parent/Guardian: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Self-Referral: [ ] Student [ ] Parent

Referred By: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_