# ***FSS_logo_sm***dcps-logo 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 o Inappropriate Responses * Defiant o Excessive Absenteeism * Skipping Class * Sleeping in Class   **Behavior(s) Observed:**   * Negative attitude o Self-Harm Behaviors * Mood swings o Suicidal/homicidal thoughts * Withdrawn (loner) o Depressed mood (sad) * Extreme weight loss/gain o Poor Social Skills * Anger o Bullying * Physical aggression * Defensiveness * Difficulty accepting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**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is the student receiving services from another agency? Yes  No If yes, list agencies and contact names(if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Personal/Family/Friends Issues:**  * Divorce/Separation o Poor Relationships * Grief/Loss o Negative Influences * Abuse/Neglect o 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 o Mentoring o Teen Parent * Medical o Vision Services * Clothing o Food   Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Self-Referral: o Student o Parent  Referred By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title/Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |