# ***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* Withdrawn (loner) o Depressed mood (sad)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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |