**STUDENT REFERRAL FORM**

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| Student Information | | |
| Date: | Student Name: | |
| Student ID: | | Grade: |

*\*\*If child abuse is suspected, the student is expressing suicidal ideations (i.e., thoughts), or is a danger to themselves or others, you are required to follow the appropriate intervention plan(s) put in place by your school.* ***Notify child and family services, your principal and/or school counselor immediately.***

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| Referral Information | | | | |
| Your Name: | | Relationship to Student: | | |
| Email: | Phone: | | | Best time to contact you? |
| Is student aware of referral?  Yes  No | | | If no, why not? Are there reasons parents should not be notified? | |
| Are parents aware of referral?  Yes  No | | |

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| Why are you referring the student to CIS (Check all that apply) | | | |
| **Personal** | | **School Related** | |
| Parenting Teen |  | Poor Academic Achievement **(C)** |  |
| Issues at Home |  | Poor Attendance **(A)** |  |
| Difficulties with Peers |  | Disengagement/Lack of Motivation |  |
| Limited Parental Involvement **(P)** |  | Disruptive Behavior/Suspension **(B)** |  |
| Poor Hygiene |  | Excessive After-School Work Hours |  |
| Suspected Drug Abuse |  | Learning Disability |  |
| Suspected Mental Health Concerns |  | Other | |
| Homeless |  |
| Lack of Basic Needs (Food, Clothing, Health Services) |  |
| Recent Change of School/Home |  |
| Suspected Gang Affiliation |  |

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| Which Interventions/Supports have been provided? |
| Describe any interventions/supports you have tried with the student. |
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| List any current interventions/supports the student is receiving. |
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For Student Support Specialist Use Only

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| Parent/Guardian Information | | |
| Parent/Guardian Name(s): | | |
| Phone: | Email: | Contact made?  Yes  No |
| Languages spoken in the home: | | |
| Notes: | | |

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| Initial Referral Date: | Review Date(s): |

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| Immediate Actions | Responsible Party | Due Date | Notify Teacher/Parent? |
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| Long-Term Actions | Responsible Party | Due Date | Notify Teacher/Parent? |
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| CIS Staff Signature: | Date: |

Will this student be case-managed?  Yes  No

**Identified Student Checklist:**

Initial Meeting with Student – Date:

Obtain Parental Consent – Date:

Run School Report on Student – Attendance, Behavior, Coursework/Performance

Build appropriate student support plan for student

Inform referral source and parent/guardian of student support plan and next steps