**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