



School Social Work Referral Form

Referral Date \_\_\_\_\_

OFFICE USE ONLY
Date Received
Initial Contact
Follow-up
Student #

Student's Name
DOB
Sex/Race
School
Grade
Special Education-Type
Teacher
Parent/Legal Guardian(s)
Lang. spoken in home
Home Address
City
Zip
MHP/APT Complex/SUB Name
Best Phone
Home Phone
Emergency Phone
Father's Work/Cell#
Mother's Work/Cell #
Siblings of Student

Psychological: Yes No Date Special Programs
Has student been retained? Yes No If yes, please list which grade(s)

Current Grades: Language Arts Math Science Social Studies Other

CASE CATEGORY: (check all that apply)
Abuse Academic Attendance Deprivation Discipline Economic Aid
Family Group Health Homeless Lost Instructional Time Juvenile Delinquent
Mental Health Pregnancy Residency Special Education Substance Abuse Other

CONCERN(S) AS SEEN BY REFERRING PERSON:
(If attendance, please attach copy of student's attendance records, If Middle or High School, please attach student's schedule and/or any other pertinent information)

Attempts made by school to address concerns before referring to SSW (Required)

(Type of Contact- TC=Telephone Call, COR=Correspondence, SC=Student Conference, PTC= Parent/Teacher Conference, HV=Home Visit, O=Other)

Table with 3 columns: Date of Contact, Type of Contact, Outcome. Rows for Teacher, Counselor, Administrator, Other.

Referring Person's Name
Counselor's or Administrator's Signature (Required)
Referring Person's Signature