REFERRAL TO FAMILY & STUDENT SUPPORT COUNSELOR OR DISTRICT SOCIAL WORKER

Dear Teachers/Staff,

Please complete the following information regarding the student/family you are referring. You may email the completed form to Niki Henderson (nhenderson6353@uvaldecisd.net), Barbara Chase (bchase8526@uvaldecisd.net), Nikki Rodriguez (nrodriguez6375@uvaldecisd.net), or Melissa Alejandro (malejandro3241@uvaldecisd.net). Please be as specific as possible when completing this document so the Family & Student Support Counselor or social worker has the most accurate and updated information. Forms not including reasons for referral, or efforts already made to resolve the matter will be returned.

Student's Name ____ID: _______________ Grade ________________

In Special Education Program: Yes ______ No ______ If yes, qualifying disability: ______________________

Current Campus: Anthon Batesville Dalton Robb Flores ECHS
Morales UHS DAEP ICU Crossroads

Reason for referral (check all that apply):

_____ Suspected Abuse/Neglect
_____ Coping Skills/Stress Management
_____ Homelessness
_____ Suspected Substance Abuse
_____ Tier 3 behaviors
_____ Referral to "Coyote Club" food/backpack program

_____ Death in family/grief support
_____ Physical Health Concerns
_____ Mental/Emotional Health
_____ Returning from hospitalization
_____ Student in Foster Care
_____ Student in need of clothing/shoes/school supplies (Include specific needs and sizes below in "other")

Other (please be specific):

____
____

Please describe any efforts made in an attempt to address/alleviate the concerns:

_____ Contacted parent by phone Date of Contact: __________________
_____ Met with parent/guardian in person Date of Meeting: __________________
_____ Referral to school counselor
_____ Conference with administrator Date of conference: ______________
_____ Is the student receiving services from an outside agency/provider? Yes _____ No _____ If yes, where________ Consent to release on file: Yes _____ No _____

Referring person's name: ______________________________________ Date: _______________
Received by: ____ Date: _______________