

School Social Work Referral Form

Student Name: _____ Grade: _____

Referral Date: _____ Staff: _____

Reasons for Referral (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> suspected abuse, neglect, or exploitation | <input type="checkbox"/> suspected homelessness |
| <input type="checkbox"/> aggressive behavior toward others or self | <input type="checkbox"/> family issues that concerns the student |
| <input type="checkbox"/> suspected suicidal tendencies | <input type="checkbox"/> unable to contact parent |
| <input type="checkbox"/> bullying | <input type="checkbox"/> hygiene and appropriate dressing concerns |
| <input type="checkbox"/> problems with class work, homework, test grades | <input type="checkbox"/> noted inability to focus |
| <input type="checkbox"/> increased number of absences | <input type="checkbox"/> noted hyperactive behavior |
| <input type="checkbox"/> decrease in social/interaction skills | <input type="checkbox"/> suspected pregnancy/or teenage parent |
| <input type="checkbox"/> inappropriate classroom/school behavior | <input type="checkbox"/> home visit requested |
| <input type="checkbox"/> assistance with obtaining school supplies | <input type="checkbox"/> other (please explain) |
| <input type="checkbox"/> prolong or frequent changes in affect (moodiness, anxiousness, sadness, weariness, anger, etc) | |
| <input type="checkbox"/> abrupt physical changes (tiredness, weight loss/gain, unexplained bruises, suspected substance abuse, etc) | |

Please provide a brief narrative in regards to each checked area of concern. Please include the approx. date the concern was noticed and what has been done (if anything) to address this concern thus far:

Is the student aware that you are making a referral? YES NO

Are the parents/guardians aware that you are making a referral? YES NO

Date Received by SSW: _____

Date of Follow-Up: _____