



# STUDENT REFERRAL FORM

*\*\*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 DSS, your principal and/or school counselor immediately.*

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

Referral Information		
Your Name:	Relationship to Student:	
Email:	Phone:	Best time to contact you?
Is student aware of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not? Are there reasons parents should not be notified?	
Are parents aware of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Why are you referring the student to CIS (Check all that apply)			
Personal		School Related	
Pregnant or Parenting Teen	<input type="checkbox"/>	Poor Academic Achievement	<input type="checkbox"/>
Difficulties with Peers	<input type="checkbox"/>	Poor Attendance	<input type="checkbox"/>
Poor Hygiene	<input type="checkbox"/>	Disengagement/Lack of Motivation	<input type="checkbox"/>
Suspected Drug Abuse	<input type="checkbox"/>	Disruptive Behavior/Suspension	<input type="checkbox"/>
Suspected Mental Health Concerns	<input type="checkbox"/>	Excessive After-School Work Hours	<input type="checkbox"/>
Homeless	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>
Lack of Basic Needs (food, clothing, health services)	<input type="checkbox"/>	Family Related	
Recent Change of School/Home	<input type="checkbox"/>	Limited Parental Involvement	<input type="checkbox"/>
Suspected Gang Affiliation	<input type="checkbox"/>	Issues at Home	<input type="checkbox"/>
Other:	<input type="checkbox"/>	High Family Mobility	<input type="checkbox"/>
		Sibling has dropped out of school	<input type="checkbox"/>

Which Interventions/Supports have been provided?
Describe any interventions/supports you have tried with the student.
List any current interventions/supports the student is receiving.

Why do you believe that this student will benefit from participation in the CIS program?

## For Student Support Specialist Use Only

Parent/Guardian Information		
Parent/Guardian Name(s):		
Phone:	Email:	Contact made? <input type="checkbox"/> Yes <input type="checkbox"/> No
Languages spoken in the home:		
Notes:		

Initial Referral Date:	Review Date(s):
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Immediate Actions	Responsible Party	Due Date	Notify Teacher/Parent?
Long-Term Actions	Responsible Party	Due Date	Notify Teacher/Parent?

CIS Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Will this student be case-managed?  Yes  No

**Identified Student Checklist:**

- Initial Meeting with Student – Date:
- Obtain Parental Consent – Date:
- Review School Data 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