

School Social Work Referral Form

Henry-Stark Counties Special Education District

1318 W 6th Street, PO Box 597, Kewanee, IL 61443

A student should be referred to the school social worker when the student shows signs of social and/or emotional difficulties that are interfering with the student's success at school.

Student Name: _____ Grade: _____

Referral Date: _____ Staff: _____

Reasons for Referral (Check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Death/Divorce | <input type="checkbox"/> Verbal Inappropriateness | <input type="checkbox"/> Physical Aggression |
| <input type="checkbox"/> Hygiene | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Family Issues |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Lack of Respect/Bullies/Intimidates | <input type="checkbox"/> Self-Harm/Suicidal Thoughts |
| <input type="checkbox"/> Sexual Inappropriateness | <input type="checkbox"/> Verbal Aggression | <input type="checkbox"/> Poor Peer Relations/ Social Skills |

Others/Comments/Description of behavior:

How are these difficulties interfering with the student's success at school? :

Attempts made by the school to alleviate this problem:

Have you (or do you plan to) discussed this student with the RTI team? YES NO

Have you implemented any kind of behavior plan for this student? YES NO

If so, please explain: _____

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

(Although you may want to discuss this referral with parent/guardian's first, I will contact them regardless to obtain all consent for any services I may provide.)

***Please note: Although I am employed with the Henry-Stark Counties Special Education District, this referral is NOT a special education referral and I must obtain consent before working with students on a regular basis.**

Thank you,

Galva School Social Worker

ACTIONS TAKEN (For School Social Worker):

