

School Social Work Referral Form
Henry-Stark Counties Special Education District
1318 W 6th Street, PO Box 597
Kewanee, IL 61443

Student Name: _____ Grade: _____

Referral Date: _____ Staff: _____

Please indicate which issue is negatively impacting the student's success in the academic environment.
(Mark all that apply):

___ Poor Peer Relations/Poor Social Skills/Inappropriate
Peer Interaction

___ Attention/ Distraction/ Organization

___ Verbal Aggression

___ Anxiety

___ Verbal Inappropriateness

___ Depression

___ Lack of Respect/Bullies/Intimidates

___ Death/Divorce

___ Family Issues

___ Other

___ Physical Aggression

***If the student is exhibiting self-harming behaviors or having suicidal thoughts, please contact the School Social Worker/School Counselor/Building Administrator immediately.**

Please provide any additional information that you feel is pertinent.

Has this student been discussed with the MTSS 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 the Social Worker? YES NO

ACTIONS TAKEN (For School Social Worker):
