Barrow County School System

School Social Worker Referral Form

Student Name:_____Gender: _____

Home Address:_____City/Zip: _____

Mailing Address:_____City/Zip: _____

Birthdate: _____School: _____Grade: _____Teacher: _____

Student lives with: ____ Both Parents ____ Mother ____ Father ____ Other: _____

Mother/Guardian Name: _____ Father/Guardian Name: _____

Home Phone: _____Other Phone: _____

Other contact information:

Check concerns leading to referral: (If more than one reason is checked, circle the primary reason for the referral)

____Abuse	____Delinquent	____Emotional	____Homeless
____Academic	____Deprivation	____Family	____Pregnancy
____Alcohol Abuse	____Drop-out	____Financial	____School Discipline
____Attendance*	____Drug Abuse	____Health	____Special Education

Problem as seen by referring person: (*if attendance, please attach attendance record)

Attempts made by the school to alleviate this problem: _____

_____

_____

(Attach copies of letters to parents, conference notes, telephone contacts etc.)

Has there been a Student Support Team referral for this student? ( ) Yes ( ) No

Has the parent been informed that a referral to the school social worker is being made? ( ) Yes ( ) No

Special Education Involvement? ( ) Yes ( ) No ( ) Referred/awaiting testing

Referral authorized by: _____Date of Referral: _____

For School Social Worker Use Only

Referral Received: _____ CID#:_____ FID#:_____Initial Contact: _____