Confidential Referral Form

COST TOOLKIT

NOTE: If you suspect Child Abuse or Neglect YOU MUST notify CPS at 510-259-1800

STUDENT INFORMATION:

Student Name	School	Grade	Date of Birth	Sex M/F

Is student aware that you are making this referral? ○ Yes   ○ No

PARENT / GUARDIAN INFORMATION:

Parent/Guardian Name	Relationship	Street Address	Zip Code

Home	Work	Cell	Other

Primary Language Spoken at Home?

Has the family been informed that you are making this Referral? ○ Yes   ○ No   If so, who?

REASONS FOR REFERRAL: CHECK ALL THAT APPLY

Academic/School Needs	Emotional/Behavioral Needs	Social Needs	Health/Basic Needs
○ Attendance/truancy ○ Academic concerns ○ Behavior in classroom ○ Suspensions ○ Expulsions ○ Learning difficulties	○ Anger management ○ Self esteem/self image/self worth ○ Possible depression feelings ○ Suicidal thoughts or feelings ○ Self-injury/mutilation/cutting ○ Possible ADHD/attention issues ○ Violence-related issues ○ Trauma/possible PTSD ○ Grief-related issue	○ Parent-family-child-relationships/conflicts ○ Dating/partner issue ○ Gender/sex identity issue ○ Sexualized behavior ○ Sexual harassment ○ Gang involvement ○ Child in foster care ○ Peer conflict/bullying	○ Eating concerns ○ Substance abuse/ use ○ Basic needs: food, shelter, clothing ○ Health issues: vision, dental, stomach, headaches, etc. ○ Sexual health issue ○ Health insurance

Please provide a brief description of the reason for referral:

_____
_____
_____
_____
_____
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ADDITIONAL SERVICES

District Services	Community Services
Does student currently have, or has student been referred to: SST ○ Yes ○ No ○ Unsure Active IEP ○ Yes ○ No ○ Unsure Special Education Assessment ○ Yes ○ No ○ Unsure SARB ○ Yes ○ No ○ Unsure SART ○ Yes ○ No ○ Unsure DHP ○ Yes ○ No ○ Unsure	Is the student on probation? ○ Yes ○ No ○ Unsure To the best of your knowledge, are the student and/or the family working with anyone else on this issue? [i.e.: therapy, outside community provider] ○ Yes ○ No ○ Unsure If so, who?

REFERRED BY

Name	Title	Date	Referred To