

Illini West High School District #307

Staff Social Work Referral Form

Student Name: _____ Date: _____

Grade Level: _____ Referred by: _____

Areas of Concern (circle all that apply):

Peer Relationships Family Relationships Emotional Needs Bullying Attendance
Substance Abuse Withdrawal from staff or peers Conduct Problems Loss Safety Concerns
Need Resources Anger Self Esteem/Self-Doubt Academic Stress Other _____

Written explanation of referral:

Specific observable behavior/indicators:

Are the parents/guardians aware you are making the referral?:

- Yes and they are willing to consent to services
- Yes but they have further questions about services
- No

Is the student aware you are making the referral?:

- Yes
- No

For SSW ONLY:

Received by social worker on: _____

Date of follow up: _____

Notes: _____