

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

I. STUDENT INFORMATION:

_____ (Student Name) _____ School _____ Grade _____ Date of Birth _____ Sex (M/F)

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

II. PARENT(S) / GUARDIAN(S) 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? _____

III. REASONS FOR REFERRAL: CHECK ALL THAT APPLY

Academic/School Needs	Emotional/Behavioral Needs	Social Needs	Health/Basic Needs
() Attendance/ Truancy	() Anger Management	() Parent-Family-Child-Relationships/Conflicts	() Eating Concerns
() Academic Concerns	() Self esteem/self image/self worth	() Dating /partner issue	() Substance Abuse/ Use
() Behavior in Classroom	() Possible depression feelings	() Gender/ Sex Identity Issue	() Basic Needs (food, shelter, clothing)
() Suspensions	() Suicidal thoughts or feelings	() Sexualized Behavior/ Sexual Harassment	() Health Issues (vision, dental, stomach, headaches, etc.)
() Expulsions	() Self-injury/ mutilation/cutting	() Gang Involvement	() Sexual health issue
() Learning difficulties	() Possible ADHD/attention issues	() Child in Foster Care	() Health Insurance
	() Violence Related Issues	() Peer Conflict/Bullying	
	() Trauma/possible PTSD		
	() Grief Related Issue		

Please provide a brief description of the reason for referral:

IV. ADDITIONAL SERVICES

District Services	Community Services
Does student currently have or has the student been referred to: ...?	To the best of your knowledge, are the student and/or the family working with anyone else on this issue? (Therapy, Outside Community Provider)
SST() Yes () No () Unsure	() Yes () No () Unsure
Active IEP () Yes () No () Unsure	
Special Education Assessment..... () Yes () No () Unsure	If so, who? _____
Is the Student Truant?	Is the student on Probation?
() Yes () No () Unsure	() Yes () No () Unsure

V. REFERRED BY:

_____ Name _____ Title _____ Date _____ Referred To _____

