**Emery USD COST**

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

 **REFERRAL FORM**

|  |
| --- |
| 1. **STUDENT INFORMATION:**
 |
|       (Student Name) |      Teacher |  Grade |      Date of Birth |      Sex (M/F) |
| Ethnicity:       Is student aware that you are making this referral? [ ] Yes [ ] NoReferred By:       Title:       Date:       |
| 1. **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?       |
| 1. **REASON FOR REFERRAL (check all that apply)**
 |
| **Academic/School Needs**  | **Emotional/Behavioral Needs** | **Social Rel’ship Needs** |  **Health/Basic Needs** |
| [ ] Attendance/ Truancy [ ] Academic Concerns[ ] Behavior in Classroom[ ] Suspensions[ ] Expulsions[ ] Learning difficulties[ ] Attention issues/lack of focus | [ ] Anger Management[ ] Self esteem/self image/self worth[ ] Possible depression[ ] Suicidal thoughts or feelings[ ] Self-injury/ mutilation/cutting[ ] Violence Related Issues[ ] Maladaptive response to trauma [ ] Grief Related Issues | [ ] Parent-Family-Child  Relationships/Conflicts[ ] Gender Identity Issues[ ] Dating/Partner Issues[ ] Sexualized Behavior[ ] Sexual Harassment [ ] Gang Involvement[ ] Child in Foster Care[ ] Peer Conflict/Bullying | [ ] Eating Issues[ ] Substance Abuse/ Use[ ] Basic Needs (food, shelter, clothing)[ ] Health Issues (vision,  dental, etc.[ ] Other, describe below |
| **Please provide a brief description of the reason for referral: (If requesting an SST, please describe concerns & reason)** **[ ] SST Request** |
|  |
| 1. **ADDITIONAL SERVICES**
 |
| **District Services** | **Community Services** |
| Does student currently have or been referred to: SST ………………………………...….. [ ] Yes [ ] No [ ] UnsureActive IEP ….……………..…………... [ ] Yes [ ] No [ ] UnsureSpecial Education Assessment................ [ ] Yes [ ] No [ ] UnsureSARB/SART…………………………... [ ] Yes [ ] No [ ] Unsure504……………………………………... [ ] Yes [ ] No [ ] Unsure  | To the best of your knowledge, is the student and/or the family working with anyone else on this issue? (Therapy, Outside Community Provider)[ ] Yes [ ] No [ ] UnsureIf so, who?       |
| **To the best of your knowledge, does this student / family have health coverage of any kind?** (e.g.: Medi-Cal, Healthy Families, Kaiser Permanente, etc.)[ ] Yes [ ] No [ ] Unsure |
| 1. **FOR COST USE ONLY:**
 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name/Service Referred to |  Title |  Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Referral Received |

**COST**

**CONFIDENTIAL**

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

1. **PARENT/CARETAKER CONTACT:**

**Date of Contact Type of Contact Reason for Contact & Outcomes, if any.**

1. **INTERVENTIONS/MODIFICATIONS:**

**Please list intervention/modifications and detail their outcomes:**

**[ ] Additional Time to Complete Assignments** **[ ] Leave Class for Assistance** **[ ] Computer** **[ ] Proximity**

**[ ] Frequent Breaks** **[ ] Seating Change** **[ ] Audio Texts** **[ ] Redirection**

**[ ] Simplify Assignments** **[ ] Mixed Grouping** **[ ] Visual Aids** **[ ] Eye Contact**

**[ ] Shorten Assignments** **[ ] Cooling Off Period** **[ ] Manipulatives** **[ ] Listening**

**[ ] Chunking Work** **[ ] Planned Ignoring for**

**[ ] Oral Responses Negitive Atttention Seeking**

**[ ] Tutoring** **[ ] Positive Reinforcement for**

**[ ] Teach/Reteach Expectations Appropriate Behaviors**

**[ ] Other Please Explain:**

Other Pertinent Information:

*Updated 10/15/18*