

**SCHOOL SOCIAL WORK AND ATTENDANCE DEPARTMENT
SCHOOL BOARD OF BROWARD COUNTY
Referral and Report Form**

						SSW Name	School #
Student's FSI #	D.O.B.	Grade	Last Name	First Name	Middle	School Name	
Address			City	Zip	Race	Sex	Referring Person Title/ Agency/ Phone
Parent/ Guardian's Name		Cell #	Teacher		Principal's Signature		
		Home #					
		Work					
DATE REFERRED		TO BE FILLED OUT BY THE SOCIAL WORKER				CASE DISPOSITIONS/ OUTCOMES	
DATE RECEIVED		SSW ACTIONS		Dates		School Social Worker Information (for comments section on L-Panels)	
S92 CASE OPENED*		<input type="checkbox"/>	S31 - EVAL Interview Staff/ Other		<input type="checkbox"/>		
S93 CASE CLOSED*		<input type="checkbox"/>	S32 - EVAL Interview Parent/ Guard		<input type="checkbox"/>	S78 - Written Assessment Compl.	
TYPE OF SSW REFERRAL		<input type="checkbox"/>	S33 - EVAL Interview Student		<input type="checkbox"/>	S79 - Ref. for Social Services	
<input type="checkbox"/>	S01 - Attendance	<input type="checkbox"/>	S34 - EVAL Observation School		<input type="checkbox"/>	S80 - Ref. for Medical/ Dental/ Vision	
<input type="checkbox"/>	S04 - Academic/ School	<input type="checkbox"/>	S35 - EVAL Record Review		<input type="checkbox"/>	S81 - Ref. for Counseling	
<input type="checkbox"/>	S05 - Behavioral/ Social	<input type="checkbox"/>	S36 - EVAL Report Writing		<input type="checkbox"/>	S83 - Verification Action Complete	
<input type="checkbox"/>	S06 - Emotional/ Mental Health	<input type="checkbox"/>	S37 - EVAL Individual Assessment		<input type="checkbox"/>	S84 - CINS/ FINS Case Referral	
<input type="checkbox"/>	S11 - Family Issues	<input type="checkbox"/>	S38 - EVAL Data Interpretation		<input type="checkbox"/>	S86 - BTIP/ 10 Day Conf.	
<input type="checkbox"/>	S14 - Health Concerns*	<input type="checkbox"/>	S39 - EVAL Observation Home/ Comm		<input type="checkbox"/>	S87 - Educational Alternatives	
<input type="checkbox"/>	S15 - Substance Concerns	<input type="checkbox"/>	S40 - EVAL Functional Behav Assess		<input type="checkbox"/>	S94 - Attendance Addressed	
<input type="checkbox"/>	S18 - Information Reg/ Sig.	<input type="checkbox"/>	S41 - Consultation School Staff/ Other		<input type="checkbox"/>	S95 - Behavior Addressed	
<input type="checkbox"/>	S21 - Bilingual/ ESOL	<input type="checkbox"/>	S42 - Consultation Parent/ Relative/ Caregive		<input type="checkbox"/>	S96 - Academics Addressed	
<input type="checkbox"/>	S29 - Homeless Program	<input type="checkbox"/>	S43 - Counseling Parent/ Individual		<input type="checkbox"/>	S97 - Parent Involvement Addressed*	
<input type="checkbox"/>	S30 - Social Services	<input type="checkbox"/>	S44 - Counseling Parent/ Group		<input type="checkbox"/>	S98 - SUMMARY	
		<input type="checkbox"/>	S45 - Family Counseling		CL DISPOSITIONS/ OUTCOMES		
Type of CL REFERRAL		<input type="checkbox"/>	S46 - Counseling Student/ Individual		<input type="checkbox"/>	L05 - Ref. Resources Obtained	
<input type="checkbox"/>	L01 - Attendance	<input type="checkbox"/>	S47 - Counseling Student/ Group		<input type="checkbox"/>	L06 - Mentoring Compl	
<input type="checkbox"/>	L02 - Mentoring	<input type="checkbox"/>	S49 - Staffing/ Conference		<input type="checkbox"/>	L07 - Info. Req Ver/ Compl	
<input type="checkbox"/>	L03 - Case Mgmt/ Resources	<input type="checkbox"/>	S50 - CPST/ RTI				
<input type="checkbox"/>	L04 - InfoReq/ Ver/ Exp/ Susp	<input type="checkbox"/>	S52 - Crisis Intervention/ Threat Assess.				
		<input type="checkbox"/>	S53 - Concrete Services*				
		<input type="checkbox"/>	S54 - Home Visit (HV)*				
		<input type="checkbox"/>	S57 - Verification Activity*				
		<input type="checkbox"/>	S58 - Record Review*				
		<input type="checkbox"/>	S59 - Consultation Nurse/ Health*				
		<input type="checkbox"/>	S60 - Consultation Agency*				
		<input type="checkbox"/>	S61 - Correspondence*				
		<input type="checkbox"/>	S62 - Attendance Agreement*				
		<input type="checkbox"/>	S64 - Truancy/ BTIP Conf.*				
		<input type="checkbox"/>	S66 - Court Hearing*				
		<input type="checkbox"/>	S67 - Student Contact*				
		<input type="checkbox"/>	S69 - DJJ Clearance Forms*				
		<input type="checkbox"/>	L70 - Consult Sch Stf/ other*				
		<input type="checkbox"/>	L71 - Consult Parent				
		<input type="checkbox"/>	L72 - CPST/ RTI				