

# Peach County School Social Worker Referral Form

Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Teacher: \_\_\_\_\_ Special Education Involvement: ☐ Yes **OR** ☐ No  
Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Student lives with: Mother ☐ Father ☐ Both ☐ Other ☐  
Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Mother's Work #: \_\_\_\_\_ Father's Work #: \_\_\_\_\_  
Mother's Home #: \_\_\_\_\_ Father's Home #: \_\_\_\_\_  
Parent's Address: \_\_\_\_\_  
Alternate Name & Address: \_\_\_\_\_

Attempts made by school personnel to alleviate the problem: **(Please list dates of contacts & attach any letters, notes, etc. sent to the parent that may assist me in addressing the problem with the parent/student.)**

Conference with student: \_\_\_\_\_

Conference with Parent: \_\_\_\_\_

Telephone Contact with Parent: \_\_\_\_\_

Letter(s) to Parent: \_\_\_\_\_

Reasons for Referral: (check all that apply)

<input type="checkbox"/> Abuse	<input type="checkbox"/> Dropout	<input type="checkbox"/> Family	<input type="checkbox"/> Other
<input type="checkbox"/> Academic	<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Health	<input type="checkbox"/> Out-Of-County
<input type="checkbox"/> Attendance	<input type="checkbox"/> Economic	<input type="checkbox"/> Homeless	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Behavior	<input type="checkbox"/> Emotional	<input type="checkbox"/> Neglect	<input type="checkbox"/> Zoning

Description of problem as seen by referral source:

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Name/Title of Referral Source: \_\_\_\_\_