

**RICHMOND COUNTY SCHOOL SYSTEM
SCHOOL SOCIAL WORKER REFERRAL FORM**

DATE RECEIVED: _____

Fill in Completely

DATE OF REFERRAL _____

SCHOOL _____ SOCIAL WORKER _____

STUDENT'S NAME _____ DOB _____

ADDRESS _____

GRADE _____ GENDER _____ SPECIAL EDUCATION? YES _____ NO _____

IF YES, EXCEPTIONALITY _____

PARENT/GUARDIAN'S NAME _____

HOME PHONE _____ BUSINESS /CELL _____

REASON FOR REFERRAL (*Circle areas of concern*):

Academic	Attendance	Homelessness	Health	Economic	Emotional
Discipline	Family	Abuse	Special Education	Other: _____	

Specify Reason: _____

ATTENDANCE

Number of Absences: Excused _____ Unexcused _____ Number of Tardies: _____

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

Academic/Behavior Interventions: _____

Conference with Parent: _____

Telephone Contact with Parent: _____

Conference with Student: _____

Letter/Email to Parents: _____

Social Work Response: _____

Do not file in student's permanent record

SSW Signature & Date

The mission of the Richmond County School System is building a world-class school system through education, collaboration, and innovation.