

**RICHMOND COUNTY BOARD OF EDUCATION
SCHOOL SOCIAL WORKER REFERRAL FORM**

SSW Use Only
Date Rec'd _____
First Contact _____

DATE of REFERRAL _____

SCHOOL _____ SSW NAME _____

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 Tardy Homeless
 Health Chronic Illness Economic Emotional Discipline Family Zone Verification Abuse

Number of Absences: *Excused* _____ *Unexcused* _____

Specify Reason for Referral _____

ATTEMPTS MADE BY SCHOOL PERSONNEL TO ALLEVIATE THE PROBLEM:

Academic intervention _____
Conference with student _____ Telephone contact with parent _____
Letter to parent _____ Conference with parent _____

TEACHER _____ PRINCIPAL _____

REFERRED BY _____ TITLE _____

RESPONSE / INTERVENTION _____
SCHOOL SOCIAL WORKER

*Do not file in student's permanent record _____ SSW Signature/Date

"Learning today... Leading tomorrow"

The mission of the Richmond County School system is to educate students to
become lifelong learners and productive citizens.