STUDENT SUPPORT CENTER REFERRAL FORM
C. K. McClatchy High School

If EMERGENCY, speak to administration immediately (e.g. suicidal or other safety concern).

STUDENT BEING REFERRED

Click here to enter text.

Student Name
Have you discussed your concerns with the student? ☑Y ☐N

Click here to enter text.   Choose an item.

Student ID#   **Grade**
Is student aware of this referral? ☑Y ☐N

Click here to enter text.

Parent/Guardian 1
Have you discussed your concerns with this parent? ☐Y ☐N

Click here to enter text.   Choose an item.

Phone   **Language**
Is parent aware of this referral? ☐Y ☐N

Click here to enter text.

Parent/Guardian 2
Have you discussed your concerns with this parent? ☐Y ☐N

Click here to enter text.   Choose an item.

Phone   **Language**
Is parent aware of this referral? ☐Y ☐N

ATTEMPTED INTERVENTIONS/SERVICES PROVIDED

☐ MDT/COST   ☐ SST   ☐ 504
☐ IEP / SPECIAL ED SERVICES ☐ SPEECH   ☐ MENTAL HEALTH/COUNSELING
☐ SART / ATTENDANCE LETTERS ☐ HOME VISIT   ☐ OTHER: Click here to enter text.

Is this student receiving: Special Education Services ☐Y ☐N   Homeless Services ☐Y ☐N   Foster Youth Services ☐Y ☐N

ISSUE(S) OF CONCERN

☐ ACADEMIC   ☐ CHILD ABUSE   ☐ LEGAL
☐ AOD/ SUBSTANCE ABUSE   ☐ FAMILY STRESS   ☐ MENTAL HEALTH / WELLNESS
☐ ATTENDANCE   ☐ HEALTH ISSUES: Physical/Dental/Vision   ☐ PEER RELATIONS
☐ BASIC NEEDS Food/Clothing/Shelter ☐ HOMELESS   ☐ SEXUAL ORIENTATION/ IDENTITY
☐ BEHAVIOR   ☐ LACK OF HEALTH CARE COVERAGE   ☐ SUSPECTED GANG INVOLVEMENT
                                                                             ☐ OTHER: Click here to enter text.

Please provide a more detailed description of these issues (attach additional page if needed):
Click here to enter text.

PERSON MAKING REFERRAL

Click here to enter text.   Click here to enter a date.

_____   _____

Name of Person Making Referral ☐ **School Staff** ☐ **Parent** ☐ **Walk-in**   *Date*

School Staff Referral: Complete Acknowledgement Form
Parent Referral: At the time of referral, please advise parent of case manager assignment process
Walk-in Referral: Check if student is in the Database:
- If Yes, add contact log notes and place the walk-in referral in the assigned case managers box
- If No, place completed referral in Coordinator's box

======================= *For Student Support Center Staff Only* ===============================

Assigned Staff: _____   Date Assigned: _____