

**CCSD1 Student Referral  
(Project AWARE)**

Name of Person Referring Student: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Student Being Referred: \_\_\_\_\_ DOB: \_\_\_\_\_

Reason for referral: \_\_\_\_\_  
\_\_\_\_\_

School Student is Currently Attending:

Rawlins High School

Rawlins Elementary School 2-5

Rawlins Cooperative High School

Rawlins Elementary School K-1

Rawlins Middle School

Little Snake River School

Grade Level: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

**Parent/Guardian Contact**

Has the parent/legal guardian been contacted? ☐ Yes ☐ No

If yes, date contacted: \_\_\_\_\_

Parent/Legal Guardian Info:

- Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applicable, please select any additional resources that have been provided to this student or their family:

Physical Health

Financial Assistance

Housing

Peer Support

Employment

School Resource Officer

Child Welfare/Department of Family Services

Food Assistance

Other: \_\_\_\_\_

***\*Please email the completed form to the student's school counselor or the Mental Health Aide at [kcooper@crb1.net](mailto:kcooper@crb1.net), or it can be returned to the child's school in person.***

*Thank you for submitting this Project AWARE student referral. You will be contacted if we have any questions or need any additional information to determine the student's need.*