

**CCSD1 Student Referral
(Project AWARE)**

Name of Person Referring Student: _____ Date: _____

Email: _____ Phone: _____

Name of Student Being Referred: _____

Reason for referral: _____

School Student is Currently Attending:

Rawlins High School

Rawlins Cooperative High School

Rawlins Middle School

Rawlins Elementary School 2-5

Rawlins Elementary School K-1

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 additional resources that have been provided to this student or their family:

Physical Health

Counseling

Employment

Child Welfare Department of Family Services

Other: _____

Financial Assistance

Peer Support

School Resource Officer

Food Assistance

****Please email the completed form to the student's school counselor or the Mental Health Aide at 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.