FRS- Counseling & Family Assistance Referral Form
Please place in the FRS Coordinator’s mailbox at main office

Referral made by: ___________________________ Date: ___________________

Student full name: ___________________________ Teacher: ___________ Grade: __

*Reason for referral/presenting problem: ___________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

What interventions have or have not worked in the classroom with this student?
_____________________________________________________________________________
_____________________________________________________________________________

Does this student have an IEP?  ☐ Yes ☐ No

Social/Emotional Needs:
☐ *Please check box if parent(s) has been notified that a referral has been made, and FRS team will be contacting them to complete paperwork and set up an appointment.

Does student receive social/emotional support through Special Ed. or Counseling Services from the school social worker, psychologist or counselor? If so, please refer to back to them. If no, continue below.
Does the student’s parent/guardian work at the school? If so, please refer them to the Employee Assistance Program 866-519-8359
☐ Social Skills
☐ Trauma
☐ Attention distraction avoidance
☐ Impulse control
☐ Loss & grief, including divorce or changes to family structure
☐ Abuse or neglect concerns [home or school, has Child Protective Services (CPS) been contacted?  Yes ☐ No]

Would this student/family be in need of any basic services:
☐ Child Care  ☐ Clothing
☐ School support/ Tutoring  ☐ School supplies
☐ Transportation assistance  ☐ Food
☐ Financial assistance (rent, medical bill, etc.)  ☐ Housing
☐ Health & Wellness (glasses, dental care, etc.)  ☐ Paperwork assistance
☐ Legal assistance (immigration, civil, employment discrimination, etc.)

This student/family may be:
☐ New to the school ☐ Lacking Parental Supervision ☐ Indicating that student is not safe in the home

FRS staff only
☐ Calls made home on: 1)______________ 2)______________ 3)______________
☐ Intake appt on: ___________________________
☐ Unable to reach family for intake
Notes: __________________________________________

Rvsd: 8/2017