

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
- School support/ Tutoring
- Transportation assistance
- Financial assistance (rent, medical bill, etc.)
- Health & Wellness (glasses, dental care, etc.)
- Legal assistance (immigration, civil, employment discrimination, etc.)
- Clothing
- School supplies
- Food
- Housing
- Paperwork assistance

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: _____