

Name: _____ Grade: _____
School: _____ Date of Referral: ____/____/____

Request Originated From: ☐ Building Administrator ☐ District Administrator ☐ Counselor ☐ Social Worker
☐ Student Support Team Facilitator

Referral Type: ☐ Behavior ☐ Medical ☐ Social/Emotional ☐ Other: _____

Reason for Referral to Family Support Team				
☐ Fractured relationship with school (family or student)	☐ Family Stress (dynamics, financial, divorce, etc.)	☐ Multiple family members in district experiencing concerns	☐ Multiple failed interventions	☐ Multiple Areas of Concern at school and in community
☐ Coordination of Supports/ Agencies Needed	☐ Suspected abuse of illegal substance	☐ Recent traumatic event or crisis	☐ Medication related concerns	☐ Other (explain)

Previous Interventions	Explanation and Outcomes
☐ Functional Assessment and Behavior Plan	Please attach
☐ Social Worker Involvement	Types of Services Provided:
☐ Outside Agency Involvement	List Agencies
☐ Previous SST or FA Meeting Interventions	Describe
☐ Hospitalizations or Residential Information	
☐ Community Agency Support to Address Socioeconomic Issues	
☐ Other	

Please List

Student has positive relationship with: _____

Parent has positive relationship with: _____

Additional Information: