



Caswell County Schools

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Social Worker Referral Form

Student's Name: _____ Referral Date: _____

School: _____ DOB: _____

Parent/Legal Guardian: _____

Address: _____ Phone #: _____

Reason for Referral

(Please attach all supportive documentation)

_____ Attendance (# of days _____) _____ Academics _____ Medical
_____ Behavior Issues _____ Personal Needs _____ Abuse/Neglect
_____ Other (Please describe _____)

Brief description of presenting issue(s):

Name of Person Making Referral: _____

Relationship to Student: _____

To Be Completed by the Social Worker

Action taken by the Social Worker:

Social Worker Signature: _____ Date: _____