

**BACKPACK BUDDIES
REFERRAL FORM**

Child's Name _____ Date _____

Age _____ Grade _____ Referring Teacher _____

Behavior that demonstrates food insecurity (please check all that apply):

- _____ Rushing food lines
- _____ Extreme hunger on Monday morning
- _____ Eating all of the food served
- _____ Linger around for or asking for seconds
- _____ Comments about not having enough food at home

Physical Appearance (please check any that apply):

- _____ Extreme thinness
- _____ Puffy, swollen skin
- _____ Chronically dry, cracked lips
- _____ Brittle, spoon shaped nails
- _____ Other _____

School Performance (please check any that apply):

- _____ Excessive absences and/or tardiness
- _____ Repetition of a grade
- _____ Chronic sickness
- _____ Short attention span / inability to concentrate
- _____ Chronic behavior that leads to disciplinary action (hyperactive, aggressive, irritable, anxious, withdrawn, distressed, passive/aggressive)
- _____ Other _____

Home Environment (please check any that apply):

- _____ Student often cooks his/her own meal, or has a sibling who does
- _____ Moves frequently
- _____ Loss of income
- _____ Often spends the night away from home (primary residence)
- _____ Family crisis
- _____ Other _____

Does the child have pre-school siblings? _____ If so, how many? _____