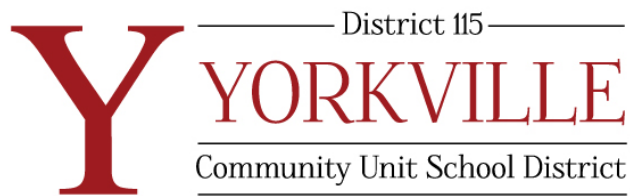**Student Services Referral Form Procedure**

The Y115 student services referral form will help capture the needs of all stakeholders during any phase of instruction. The referral form will allow the appropriate building team members to support those students in need. The student services referral form will be linked at least once in all principal communications and on the district website to allow staff, students and parents the ability to access the appropriate school personnel for academic, personal, and/or social concerns.

The student services referral form will be published in the first principal communication to staff, parents, and on the website. A screencastify district video posted on YouTube will explain how to access the referral form and complete it.

Once completed, the student services referral form should be emailed to the principal or assistant principal or your student's school.

If your student is experiencing a life or death emergency or is in crisis, please contact 911 and keep your student under constant supervision until help arrives.

Personnel will respond to parents/staff or students within 48 hours (or earlier) of receiving the referral.

District 115

YORKVILLE
Community Unit School District

Student Services Referral Form

Please complete this form if you have a specific concern about a student or you are a parent/ guardian with a concern related to your child. A school administrator or student services staff member will respond accordingly.

Note: If this is an emergency and you, your student or someone you know is in immediate danger or harm, call 911 and an emergency response personnel will support you. Please keep your student under constant supervision until help arrives.

Student Name: _____

Date of Referral: _____   Student ID #: _____

School Attending: _____

I am a: _____

Student's Homeroom Teacher (EC-6): _____

Student's Counselor (7-12): _____

Does the student have a 504: ☐ Yes ☐ No   Does the student have an IEP: ☐ Yes ☐ No

Was previous contact made to school/home?   ☐ Yes   ☐ No

  If yes, how was contact made, ie. email, phone, etc.:_____

  Did you receive a response?:   ☐ Yes   ☐ No

Type of Concern:

☐ Social-Emotional (Student is demonstrating inappropriate behavior or raises a social-emotional concern to you.)

☐ Academic (Student is connected but believe additional supports necessary for success.)

☐ Disengaged (My student is not connecting to school, I have not seen this student in two consecutive classes, my outreach to the staff/family was unsuccessful.)

☐ Positive Referral (Recognize positive staff & student connection/encourage successful progress.)

☐ Other: _____

Briefly describe behavior: