

CONFIDENTIAL

Student Name:

Date:

Priority Level: [] EMERGENCY* [] ASAP [] At your earliest convenience

Richardson Middle School

Request for School Social Work Services and/or School Counselor Services

Student's Name _____ Gender _____

D.O.B _____ Grade _____ Rm. _____

Does the student have an IEP/504 plan? [] yes [] no

Parent/Guardian/Foster Parent/Resident/Children's Home (Circle One)

Name _____ Phone # _____

Teacher Requesting Referral _____

Reasons for Requesting Social/Emotional Services

(Please check all that apply)

SOCIAL/EMOTIONAL CONCERNS

- Bullying
- Poor Peer Relationships
- Lack of Social Skills
- Poor Coping Skills
- Somatic Complaints (chronic)
- Unfocused/Inattentive/Hyperactive
- Stealing
- Poor Self-Esteem
- Frustration
- Anxiety/Depression
- Lying/Cheating
- Upset Crying
- Other (Please Explain)

BEHAVIOR CHALLENGES

- Destruction of School Property
- Disrespectful to Others
- Disorderly Conduct
- Disrespectful Behavior
- Lack of Cooperation
- Exhibits Withdrawn Behavior
- Physical Aggression to Self &/Others
- Problems in Structured Settings
- Problems in Unstructured Settings
- Verbal Aggression Toward Students
- Verbal Aggression Toward Staff
- Disruptive Behavior
- Other (Please Explain)

ACADEMIC PERFORMANCE

- Inadequate Preparation For Classes
- Disorganized
- Lack of Attention
- Lack of Effective Motivation
- Minimal Class Participation
- Significant Changes in School Performance
- Difficulty Following Directions
- Other (Please Explain)

SCHOOL-HOME FAMILY ISSUES

- Lack Of Supervision
- Substance Abuse
- Runaway
- Pregnancy
- Lack of Structure
- Family Conflict
- Possible Abuse** [] Physical [] Neglect
[] Sexual [] Mental/Emotional
- Other (Please Explain)

* In case of EMERGENCY, please notify the Main Office immediately!

** Follow Mandated Reporting Protocol-Must Report Any Suspected Abuse

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Reason for Request (Your Major Concerns)?

When Did the Problem/Concern Begin (i.e. Within 24 hours, 3 days, 7 days, 2 weeks, or 1 month ago)?

Specific Behaviors/Concerns Evidencing Need for Services (Give Examples).

Please List ALL Methods/Interventions of Remediation Attempted (Supporting Documentation will be Requested as Needed).

Have the Parents/Guardian Been Contacted Regarding the Problem? YES NO DATE:

Parent Reaction:

Please State Convenient Times for a Conference.

Services Requested by

Name & Position/Date

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