

BUFORD CITY SCHOOLS SCHOOL SOCIAL WORKER REFERRAL FORM

Date: _____ Student's Name: _____
 Referring Teacher: _____ School: ___ BES ___ BA ___ BMS ___ BHS
 Grade: _____ Birth Date: _____ Parent/Guardian: _____
 Home Phone: _____ Street Address: _____
 Mother's Name: _____ Daytime Phone: _____
 Father's Name: _____ Daytime Phone: _____
 Name of Siblings in School (if known) _____

AREA OF CONCERN (can choose more than one)

_____ Abuse	_____ Academic	_____ Attendance	_____ Behavior	_____ Delinquent
_____ Deprivation	_____ Dropout	_____ Drug Abuse	_____ Economic	_____ Emotional
_____ Family	_____ Health	_____ Homeless	_____ Pregnancy	_____ Special Ed

REASON FOR REFERRAL

SCHOOL ACTION (Dates(s) of action and outcome)

_____ Phone call to home _____

_____ Letter mailed _____

_____ Letter sent home by student _____

_____ Parent Conference _____

_____ Referred to Counselor _____

_____ Disciplinary Action _____

_____ Referred to SST _____

_____ Unable to contact parent _____

_____ Other _____

***** (Following Section Completed by School Social Worker) *****

SERVICE INTERVENTION

_____ Conferences w/ student	_____ Counseling w/ student	_____ Consultations
_____ Conference w/ parent	_____ Counseling w/ parent	_____ Mediation
_____ Conferences w/ others	_____ Family Counseling	_____ Group Work
_____ Home Visit	_____ Program Development	_____ Economic Aid

Referrals to Agencies:

_____ Department of Family & Children Services (DFACS)

_____ Juvenile Court Services

_____ Mental Health Center or other counseling services

_____ Health Department or other medical services

_____ Other: _____

RESULTS
