BRUSH COUNTRY CO-OP

REFERRAL FOR SCHOOL SOCIAL WORKER INTERVENTION

To Be Completed and Submitted to Brush Country Co-op

Student's Name: _____ **DOB:** _____ **Soc Sec #:** _____

Parent/Guardian: _____ **Home Phone:** _____ **Cell Phone:** _____

Address: _____ **Does parent work?** ☐ **yes** ☐ **no**

District: _____ **Campus:** _____ **Grade:** _____ **Teacher:** _____

Student's Disability: _____ **Home Language:** _____

AREAS OF CONCERN impacting special education student:

☐ Housing Stability	☐ Medical	☐ Mental Health
☐ **Family Crisis *** (see below)	☐ Attendance	☐ Emergency Food
	☐ Transportation	☐ Information and Referral

Family Crisis* Please describe: _____

_____

☐ Other: _____

_____

Has parent been contacted prior to this request? ☐ **yes** ☐ **no**

What has the school campus done to address concerns prior to this request? Describe: _____

_____

SERVICE(S) REQUESTED:

☐ Contact with parent	☐ Consult with staff
☐ Contact with student	☐ Refer to CRCG meeting
☐ Attend ARD meeting	☐ Assessment for Referral to Community Agencies
☐ Attend Psychological Evaluation Appointment	☐ Other: _____

IF IMMEDIATE CRISIS INTERVENTION IS NEEDED, CALL THE CRISIS HOTLINE AT 1-800-841-6467

Brief summary of concern as it is necessary for student to benefit from special education: _____

_____

_____

☐ **ATTACH Student's Daily Schedule**

Signature of Referring Source & Position	Phone #	Date Submitted
Signature of Diagnostician		Date
Signature of Co-op Director		Date Received
Signature of Co-op School Social Worker		Date Received

BCC

1 Copy: Student Eligibility Folder
1 Copy: BCC Director's File
1 Copy: Social Worker's Case File