

## Request for School Social Work Services

(Please complete this form and return to your school social worker)

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Home Room Teacher \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Best Contact Number \_\_\_\_\_ Referred by \_\_\_\_\_

### Reason for Referral (Please check/circle all that apply):

#### Behavioral, Social and Emotional Concerns:

- Aggression (Verbal, physical to self/others)
- Oppositional behavior (passive/openly defiant or disruptive with adults, peers; frequent loss of temper; destruction of property)
- Withdrawn behavior (Isolated, timid, non-participatory)
- Disturbed peer relationships (lack of friends, excessive conflict, ostracized, vindictive, blaming, deliberately annoys, easily annoyed)
- Negative self-concept (excessive guilt, helplessness, lack of confidence)
- Pervasive mood of unhappiness and depression (depresses affect, suicidal ideations)
- Excessive anxiety (nervous gestures, compulsive behaviors, tics, unreasonable fears, panic attacks, tend to develop physical symptoms)
- Persistent violation of rules (lying, cheating, theft)
- Dramatic changes in demeanor, behavior, personality, eating habits, etc
- Other \_\_\_\_\_

#### Academic Performance:

- Lack of attention/concentration problems
- Lack of motivation or effort/not working to potential
- Irregular pattern of academic performance
- Failure without apparent cause
- Not working to potential
- Significant change in academic performance
- Does not follow directions
- Excessive tardiness, absences or truancy

#### Home/Family Problems:

- Lack of adequate supervision
- Possible abuse or neglect
- Sexually inappropriate behavior
- Runaway
- Substance abuse (student/family member)
- Family relationships (Significant conflict with parents, siblings, non-intact family)
- Other \_\_\_\_\_

Describe the problem behavior (What does it look like? How long has it existed?)

Interventions attempted and outcome:

Parent Contact (If yes, date and outcome)"

Family Background (marital status, siblings, other pertinent factors)

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**(This part to be completed by social worker after top portion is completed)**

Initial SW action (dates): Parent Contact \_\_\_\_\_ Teacher Contact \_\_\_\_\_ Child Contact \_\_\_\_\_

Consent for SW (date) – Sent \_\_\_\_\_ Signature Rec'd \_\_\_\_\_ Social work appt \_\_\_\_\_

Monitor List \_\_\_\_\_ Refer to outside source \_\_\_\_\_ SW services given/not given \_\_\_\_\_

Notes:

