**Augusta Independent Schools – Family Resource and Youth Service Center**

**Student Referral Form  *(All Information is Confidential)***

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_**

**Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referred by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Referral: Check any and all item(s) that may be of concern:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Crisis/Mental**  **Health Counseling** | **Drug/Alcohol Abuse**  **Counseling** | **Child Care/**  **Referral** | **Families in Training** |
| Clothing | Drug/Alcohol Referral | School-Aged | New or Expectant Parent |
| Shoes | Parent D/A Problem | Provide Training | Teen Parent |
| Food | Parent Incarcerated | Child Care Referral |  |
| Utilities | **Health**  **Services/Referral** | After School Program |  |
| Housing | Resource Referral | Summer Program |  |
| Weekend Backpack Program  \ | K-Chip/Ins./Med. Card | Certification/License |  |
| Holiday Assistance | Food Stamps | **Parent and Child**  **Education** | **Attendance/Behavior** |
| Family Crisis | TANF | GED | Truancy |
| Teen Pregnancy | Child Support | Parenting Program | Home Visit Needed |
| Homeless | Immunization | Parent/Child Activity | KYCID Referral |
| Student Death | Head Lice | Reading Program/Activity |  |
| Parent Death | Hygiene | **Job Placement** |  |
|  | Hygiene Supplies | Employment Referral |  |
|  | Medical | Employment |  |
|  | Dental | **Employment Counseling** | **Educational Support** |
|  | Vision/Eyeglasses | **Training and Placement** | School Supplies |
| **Social Services**  **Referral** | Hearing | College Referral | Backpack |
|  | WIC | Career Camp | Assist with School Fees |
| Neglect | Physical | Career-Related Experience |  |
| Physical | ADD/ADHD | Babysitter's Course |  |
| Sexual |  |  |  |
| Dependent |  |  |  |
| Domestic Violence |  |  |  |
| Law Enforcement Referral |  |  |  |

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**Please list comments and one or more possible strengths of this child or family:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**