**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:**

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