

**NORTH PEKIN MARQUETTE HEIGHTS SCHOOL DISTRICT #102
SCHOOL SOCIAL WORKER REFERRAL FORM**

DATE _____

STUDENT'S NAME _____ BIRTH DATE _____

TEACHER _____ GRADE _____

STUDENT'S HOME PHONE _____

MOTHER'S NAME _____ WORK/CELL PHONE _____

FATHER'S NAME _____ WORK/CELL PHONE _____

PARENT'S EMAIL ADDRESS _____

STUDENT LIVES WITH _____

Reason(s) for referral:

- | | |
|---|--|
| <input type="checkbox"/> Motivation | <input type="checkbox"/> Absences |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Tardy |
| <input type="checkbox"/> Swearing | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Worries | <input type="checkbox"/> Perfectionist |
| <input type="checkbox"/> Stressed | <input type="checkbox"/> Destruction of Property |
| <input type="checkbox"/> Friendship | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Peer Relationships | <input type="checkbox"/> Dishonest |
| <input type="checkbox"/> Inattentive | <input type="checkbox"/> Death |
| <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Fears |
| <input type="checkbox"/> Social Skills | <input type="checkbox"/> Drugs |
| <input type="checkbox"/> Personal Hygiene | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> Lying | _____ |

Concerns _____

REFERRED BY _____

APPROVAL OF REFERRAL BY BUILDING PRINCIPAL _____

Form is to be given to: Laura Burdick, LSW
School Social Worker