2023-2024

School Social Work Referral

Long Lake Central School

Name of the Person making referral: _____

Date:_____

Relationship to student (teacher, parent, etc): _____

Contact information: _____

Email

_____

Phone

Student's Name: _____

Age:_____ Grade:_____

Parent/Guardian name(s): _____

Are parents in the same household: _____

Contact information: (name/phone):_____

Contact information: (name/phone): _____

Is the student and/or family aware that a social work referral is being requested? _____

Parental verbal consent to contact obtained:

- Yes & date obtained: _____
- No

Please mark all that apply and describe severity with specific detail:

Safety Concern(s):

- Abuse/neglect
- Domestic or community violence
- Suicidal
- Self-harm
- Harmful to others
- Drug/alcohol

If safety concerns are selected, please explain:

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Behavior Concern(s):

- Aggression (fights, bullies)
- Argumentative/defiant
- Attention deficits/impulsivity
- Disruptive to learning environment
- Frequently tardy/absent/skipping class

If behavior concerns are selected, please explain:

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Social Concern(s):

- Difficulty making and/or retaining relationships with peers
- Difficulty with family
- Lack of engagement/motivation
- Lack of school connection

If social concerns are selected, please explain:

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Emotional Concern(s):

- Anxiety
- Depression/withdrawn
- Emotional regulation
- Self Esteem
- Family concerns (divorce, illness, etc)

If emotional concerns are selected, please explain:

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Any other relevant information:

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Strengths, motivators, resources provided (involved family, loves soccer, resource book given, etc.)

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