



Student Referral Form - CONFIDENTIAL

If you know a student that you would like to refer please complete the following information and give to a staff member, we are located in room # 33

Once you complete this referral form, please submit via:

In-person to Room # 33

or

E-mail: hwoodard@pgcpschools.org

Please provide the following information:

Date of Referral: _____

Person making referral: _____ Title/Relationship to Student: _____

Phone Numbers (s) that we can contact you: _____ Best time to contact you: _____

Student's Name: _____ Sex: _____ Age: _____ Grade: _____

What type of services do you potentially think would benefit this student? (Please indicate all applicable services):

- () Individual Therapeutic Counseling
- () Group Therapeutic Counseling
- () Individualized Employment and Job Readiness Services
- () Pregnancy Prevention Services
- () Social Skills Assistance and Development (Self-esteem, Healthy Youth Development)
- () Preventative Health Services (STD, HIV, and Family Planning)
- () Self-sufficiency and Life Skills (Money Management, Housing Assistance, College Prep)
- () Learning/Academic Support Services
- () Referrals for Supportive Services
- () Recreational Activities
- () Substance Abuse Counseling
- () Family Involvement
- () Behavioral Management Intervention
- () Other: _____

Reason for referral (please provide as much detailed information as possible):

Is student aware that he/she is being referred for services? () Yes () No*

*If NO, we ask that you please advise student that he/she have been referred to our program.

Is the parent/guardian of this student aware that they are being referred for services? () Yes () No

PHS Administrators ONLY: is this a mandated case? () Yes* () No

*If YES, please specify the terms of the mandate (i.e. required frequency of the meetings/interactions and suggested date of completion: _____

PROGRAM USE ONLY

Received by Staff (Name): _____ Date: _____

- () Consent Issued (Date) _____
- () Parent(s)/Guardian(s) Present () Yes or No ()
- () Class Schedule Attached
- () Consent Received (Date) _____
- () Entered into MIS (Date) _____
- () Received by Program Director _____

Staff Assigned: _____

Note: 24-hour follow-up provided to student