

**Pflugerville I.S.D.  
Social Work Referral Form**

Date of Referral: \_\_\_\_\_

Parent aware of referral Yes / No

Student's Name: \_\_\_\_\_ Campus \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Name of Person Referring: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Any Previous Counseling or Services:

\_\_\_\_\_

\_\_\_\_\_

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***Please check one or more areas of concern for this student and/or family***

***Student Issues***

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Over age for grade   | <input type="checkbox"/> Alcohol/Drug Abuse      | <input type="checkbox"/> Bullying               |
| <input type="checkbox"/> Truancy              | <input type="checkbox"/> Runs Away from Home     | <input type="checkbox"/> Defiant at home/school |
| <input type="checkbox"/> More than 6 absences | <input type="checkbox"/> Depression              | <input type="checkbox"/> Physical Fights        |
| <input type="checkbox"/> Failing a core class | <input type="checkbox"/> Suicidal                | <input type="checkbox"/> Gang Activity          |
| <input type="checkbox"/> Currently pregnant   | <input type="checkbox"/> Self-Injury             | <input type="checkbox"/> Impulsive              |
| <input type="checkbox"/> Parenting            | <input type="checkbox"/> Grief/Loss              | <input type="checkbox"/> Theft                  |
| <input type="checkbox"/> Anger Management     | <input type="checkbox"/> Destruction of Property | <input type="checkbox"/> Family Concerns        |

***Family Issues***

- 
- |  |   |
|--|---|
| <input type="checkbox"/> Basic Needs – (food/housing/clothing) | <input type="checkbox"/> Lack of Parental Involvement |
| <input type="checkbox"/> Holiday Gifts/Food                    | <input type="checkbox"/> School Supplies              |
| <input type="checkbox"/> Medical/Dental Needs                  | <input type="checkbox"/> Siblings Need Services       |
| <input type="checkbox"/> Benefits (Financial/Medical)          |   |

Other information about youth or family:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social Work office only:

Initial Contact made with student/family: Date: \_\_\_\_\_