### NOTE: If you suspect Child Abuse or Neglect YOU MUST notify CPS at 510-259-1800

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| STUDENT INFORMATION: | | | | | | | | | | | | | | |
| Student Name | | | | School | | | | Grade | | Date of Birth | | | | Sex |
| Is the student aware that you are making this referral? ⭘ Yes ⭘ No | | | | | | | | | | | | | | |
| PARENT/GUARDIAN INFORMATION: | | | | | | | | | | | | | | |
| Parent/Guardian Name | | Relationship | | | | Street Address | | | | | | | Zip Code | |
| Home | Work | | | Cell | | | | | Other | | | | | |
| Primary language spoken at home? | | | | | | | | | | | | | | |
| Has the family been informed that you are making this referral? ⭘ Yes ⭘ No If so, who? | | | | | | | | | | | | | | |
| REASONS FOR REFERRAL: CHECK ALL THAT APPLY | | | | | | | | | | | | | | |
| Academic/School Needs | Emotional/Behavioral Needs | | | | Social Needs | | | | | | Health/Basic Needs | | | |
| ⭘ Attendance/truancy  ⭘ Academic concerns  ⭘ Behavior in classroom  ⭘ Suspensions  ⭘ Expulsions  ⭘ Learning difficulties | ⭘ Anger management  ⭘ Self esteem/self image/self worth  ⭘ Possible depression feelings  ⭘ Suicidal thoughts or feelings  ⭘ Self-injury/mutilation/cutting  ⭘ Possible ADHD/attention issues  ⭘ Violence-related issues  ⭘ Trauma/possible PTSD  ⭘ Grief-related issue | | | | ⭘ Parent/family/child  relationships/conflicts  ⭘ Dating/partner issue  ⭘ Gender/sex identity issue  ⭘ Sexualized behavior  ⭘ Sexual harassment  ⭘ Gang involvement  ⭘ Child in foster care  ⭘ Peer conflict/bullying | | | | | | ⭘ Eating concerns  ⭘ Substance abuse/use  ⭘ Basic needs: food, shelter, clothing  ⭘ Health issues: vision, dental, stomach, headaches, etc.  ⭘ Sexual health issue  ⭘ Health insurance | | | |
| Please provide a brief description of the reason for referral: | | | | | | | | | | | | | | |
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| Please list the interventions already tried: | | | | | | | | | | | | | | |
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| ADDITIONAL SERVICES | | | | | | | | | | | | | | |
| District Services | | | Community Services | | | | | | | | | | | |
| Does student currently have, or has student been referred to: | | | Is the student on probation? ⭘ Yes ⭘ No ⭘ Unsure | | | | | | | | | | | |
| SST  Active IEP  Special Education Assessment  SARB  SART  DHP | ⭘ Yes ⭘ No ⭘ Unsure  ⭘ Yes ⭘ No ⭘ Unsure  ⭘ Yes ⭘ No ⭘ Unsure  ⭘ Yes ⭘ No ⭘ Unsure  ⭘ Yes ⭘ No ⭘ Unsure  ⭘ Yes ⭘ No ⭘ Unsure | | To the best of your knowledge, is the student and/or the family working with anyone else on this issue? (for example, therapy, outside community provider)  ⭘ Yes ⭘ No ⭘ Unsure  If so, who? | | | | | | | | | | | |
| REFERRED BY | | | | | | | | | | | | | | |
| Name | | Title | | | | | Date | | | | | Referred To | | |