



School Social Work Support Consult/Referral (For Students on IEP or REED Process)

Student's Name: _____

Date of Birth: _____

Sex: M or F

School Name _____

School Contact Name & Phone Number _____

Grade: _____

Special Education Eligibility No or Yes (if yes, please list) _____

Medical Diagnosis _____

Parents' Names & Contact Information (including phone number and address):

Is there a current release of records form signed by the parent or guardian, giving permission to speak with the following agencies? If yes, attach the form.

1. Mental Health Involvement (if yes, please provide name and contact number):

Yes or No _____

2. Juvenile Court Involvement (if yes, please provide name and contact number):

Yes or No _____

3. Foster Care or DHS Involvement (if yes, please provide name and contact number):

Yes or No _____

4. Medical Input (if yes, please provide name and contact number):

Yes or No _____

