



Communities In Schools of Bradford County Referral Form

If child abuse is suspected, the student is expressing suicidal ideations, or is a danger to themselves or others, you are required to follow the appropriate intervention plan(s) put in place by your school. **Notify child and family services, your principal and/or school counselor immediately.

Today's date:

Student Information			
Name		Grade/home room teacher	
Your Information			
Name		Relationship to student	
Best time to contact you?			
Email		Phone	
Referral Information			
Is student aware of referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are parents aware of referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, why not?			
Why are you referring student to CIS?			
Check all areas of concern and provide additional information so CIS can understand student needs.			
Personal		School-Related	
Parenting Teen	<input type="checkbox"/>	Poor Academic Achievement	<input type="checkbox"/>
Issues at Home	<input type="checkbox"/>	Poor Attendance	<input type="checkbox"/>
Difficulties with Peers	<input type="checkbox"/>	Disengagement/Lack of Motivation	<input type="checkbox"/>
Limited Parental Involvement	<input type="checkbox"/>	Disruptive Behavior	<input type="checkbox"/>
Poor Hygiene	<input type="checkbox"/>	Excessive After School Work Hours	<input type="checkbox"/>
Suspected Drug Abuse	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>
Suspected Mental Health Concerns	<input type="checkbox"/>	Other:	
Homeless	<input type="checkbox"/>		
Lack of Basic Needs (Food, Clothing, Health Services)	<input type="checkbox"/>		
Recent Change of School/Home	<input type="checkbox"/>		
Suspected Gang Affiliation	<input type="checkbox"/>		
Current Services			
What interventions have you tried with the student?			
What other supports is the student receiving?			

Please return this completed form to the CIS site coordinator's office.