

SCHOOL REFERRAL FORM

Referring Staff Member: _____

Position/Title: _____

Date: _____

Student Information:

Full Name: _____

Date of Birth: _____

Grade: _____

Student ID Number: _____

Referral Reason:

- Academic Performance
- Behavioral Issues
- Attendance
- Health Concerns
- Social/Emotional
- Other

Description of Concern / Incident:

Actions Taken by Referring Staff:

Recommended Action(s):

- Parent/Guardian Contact
- Counseling Referral
- Behavior Intervention Plan
- Academic Support
- Other

Additional Comments:

Referral Submitted To:

Name and Title: _____

Date Received: _____

Administrative Use:

Staff Signature: _____

Date: _____

Follow-up Action Taken:

Date of Follow-up: _____

Outcome / Notes:

This referral form is a confidential document intended for school personnel only. All information provided herein is maintained in accordance with applicable United States federal and state laws governing student privacy and records, including but not limited to the Family Educational Rights and Privacy Act (FERPA). Unauthorized disclosure or misuse of information contained herein may result in disciplinary action and/or legal penalties.

Referring Staff Signature

Administrator Signature

Signature: _____

Signature: _____

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