

HOWARD ELEMENTARY SCHOOL
Student Care Team Referral Form

Please complete this form and return to the principal.

Mother's Last Name _____
Family Name _____ School _____
Family Phone Number _____ Address _____
Other Contact Info. _____

Student Name _____	Grade _____	Teacher _____	IEP: Y _____ N _____	504 _____
Student Name _____	Grade _____	Teacher _____	IEP: Y _____ N _____	504 _____
Student Name _____	Grade _____	Teacher _____	IEP: Y _____ N _____	504 _____

Previous Schools:

_____	Year(s) _____
_____	Year(s) _____
_____	Year(s) _____
_____	Year(s) _____

Siblings/Schools Attending If Different:

DHS Past Involvement: Yes _____ No _____ Unknown _____

Describe: _____

Concern(s):

- ☐ Difficulty Accessing Services
- ☐ Symptoms of Neglect
- ☐ Attendance/Truancy
- ☐ Family Transition
- ☐ School Refusal
- ☐ Chronic Illness
- ☐ Disclosed Family Disruption
- ☐ Foster Care
- ☐ Death in the Family
- ☐ Family Refusal of Services
- ☐ Lack of Communication

Description of Concern(s):

Duration of Concern: _____

Services Provided Past/Present:

SCT MEETING DATE: _____