

Alternative Education Center  
Confidential referral to Social Worker

Student Name: \_\_\_\_\_  
Grade/ Program: \_\_\_\_\_ Date: \_\_\_\_\_

If you suspect that one of your students may be dealing with issues requiring my assistance, please check the appropriate area(s) of concern and return to me. I will meet with the student as soon as possible and provide you with appropriate feedback.

\_\_\_\_\_ Behavior: (depressed, withdrawn, angry, uncontrollable crying)

\_\_\_\_\_ Academic: (declining school work, failure, lack of motivation, falls behind in class work, excessive absences)

\_\_\_\_\_ Peers: (peer exclusion, avoids peers, fights with peers, peer conflict, etc)

\_\_\_\_\_ Home and Family: (recent loss, move, death, divorce, runaway, family trouble, financial etc.)

Comments/other concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred by: \_\_\_\_\_