**Hollywood High School**

**SUPPORT SERVICES REFERRAL FORM 2013-2014**

**(Please return this form to Mr. Villaseñor mail box in the main office)**

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_ SLC\_\_\_\_\_\_\_ Date of Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referring Party (Name)** \_\_ **Counselor:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **IEP Student? 🡪 □Yes / □No □ ? LEP Student🡪 □Yes /□ No □?**

**On the chart below, check all of the symptoms/attributes that apply to the student so that we may review & refer appropriately:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ATTENDANCE** | **Behavior** | **Health/Physical** | **ACADEMICS** | **Home Concerns/legal issues** |
| \_\_\_ Tardy to class more than 2 days  per week  \_\_\_ Absent to class 1 or more days  per week  \_\_\_ Frequently summonsed out of  class  \_\_\_Several unresolved absences  \_\_\_ No Show to class  \_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **\_\_** Defiant/Oppositional  \_\_ Withdrawn/isolated  \_\_ Appears depressed  \_\_ Change in peer group  \_\_ Physical/Verbal aggression  \_\_ Poor impulse control  \_\_ Anxious/worried  \_\_ Low self –esteem  \_\_ Inattentive  \_\_ Suicidal/ Self-injuring  \_\_ Homicidal  \_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **\_\_** Poor vision  \_\_ Poor Hygiene  \_\_extreme weight loss  \_\_ Often tired  \_\_ Poor Coordination  \_\_ Speech difficulties  \_\_ Substance Abuse  \_\_ Pregnant / Parenting  \_\_Self abuse: cuts/picks  \_\_ Other ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ Low grades/Achievement  \_\_ Lack of Motivation  \_\_ Recent drop in grades  \_\_Missing credits  \_\_Poor math skills  \_\_Poor English skills  \_\_Lang. difficulties  \_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ Family issues  \_\_ Suspicion of Abuse  \_\_ Student is a runaway/homeless  \_\_ On Probation  \_\_ Citations issued  \_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Previous Interventions taken by teacher[required]**: **□**Student Conference **□**Praised positive behavior **□**Homework/behavior plan

**□**Assigned Student to a “Study Buddy” (in class) **□** Changed Seats **□**Provided student with Missing Assignments/Work **□** Modification of Assignments.

**□**Class/School detention **□**Individual instruction/remediation **□**Parent Conf. date/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **□** Other interventions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Strengths :**

**Reason for Referral:**

Intervention feedback on back **🡪**

**SUPPORT SERVICES INTERVENTION**

|  |
| --- |
| **Student was Referred to the following Support Services: [Office use only]**  **□**Student Success Team-SST **□**Healthy Start (Ms. Lee) **□** AVIVA counseling **□**PSA Counselor (Mr. Villaseñor) **□**Probation Officer(Mr. Marrero)  **□** School Psychologist (Ms. Crouse) **□**Bridge Coordinator (Ms. Loew) **□**LACER Program **□**Foster Care/Group Home Liaison **□**Children’s Hospital  **□**College Counselors (Ms. Brown) **□**Academic Counselor (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) **□**Bilingual Coord.(Ms. Quintanilla) **□**Support Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **□**School Nurse (Mr. Santiago) **□**Medi-Cal **□**Healthy Families **□**Mental Health Agency **□** Other services\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**INTERVENTIONS/RESOURCE SERVICES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **STAFF INTERVENING** | **Office/Title** | **INTERVENTION/RESOURCE SERVICES** | **Date of Intervention** | **Intervention Successful** | **Follow Up Notes** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **STAFF INTERVENING** | **Office/Title** | **INTERVENTION/RESOURCE SERVICES** | **Date of Intervention** | **Intervention Successful** | **Follow Up Notes** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **STAFF INTERVENING** | **Office/Title** | **INTERVENTION/RESOURCE SERVICES** | **Date of Intervention** | **Intervention Successful** | **Follow Up Notes** |
|  |  |  |  |  |  |

**COST/SST REFERRAL**

**(COST Referral: by Counselor/Coordinator/Dean/Psychologist or Administrator only)**

|  |  |  |  |
| --- | --- | --- | --- |
| **STAFF REFERRING:** | **TITLE** | **DATE** | **REASON FOR REFERRAL** |
|  |  |  |  |
| **REFERRING TO:** | **COST** | **SST** |

**(Please contact Mr. Villaseñor, PSA x1741** [**axv9417@lausd.net**](mailto:axv9417@lausd.net) **for further questions)**

Revised 9/12/13