**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| **\_\_** Defiant/Oppositional\_\_ Withdrawn/isolated\_\_ Appears depressed\_\_ Change in peer group\_\_ Physical/Verbal aggression\_\_ Poor impulse control\_\_ Anxious/worried\_\_ Low self –esteem\_\_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** **for further questions)**

Revised 9/12/13