



CONNECT CENTER



SCUSD's gateway for connecting students and families with support services

REFERRAL FOR SUPPORT SERVICES

Student Name

Have you discussed your concerns with the student? Y N

School

Is student aware of this referral? Y N

Grade

Parent/Guardian 1

Have you discussed your concerns with this parent? Y N

Phone

Is parent aware of this referral? Y N

Language

Parent/Guardian 2

Have you discussed your concerns with this parent? Y N

Phone

Is parent aware of this referral? Y N

Language

Areas of Concern:

<input type="checkbox"/> ₁ Academic	<input type="checkbox"/> ₆ Family Stress	<input type="checkbox"/> ₁₁ Mental Health/Wellness
<input type="checkbox"/> ₂ Attendance	<input type="checkbox"/> ₇ Financial	<input type="checkbox"/> ₁₂ Recreation/After School
<input type="checkbox"/> ₃ Legal	<input type="checkbox"/> ₈ Transportation	<input type="checkbox"/> ₁₃ Health Issues (Physical/Dental/Vision)
<input type="checkbox"/> ₄ Behavior	<input type="checkbox"/> ₉ Food/Clothing/Shelter (Basic Needs)	<input type="checkbox"/> ₁₄ Lack of Health Insurance Coverage
<input type="checkbox"/> ₅ Peer Relationships	<input type="checkbox"/> ₁₀ Ethnic/Cultural Identity	<input type="checkbox"/> ₁₅ Sexual Orientation/Gender Identity

Please provide a more detailed description of these issues and any other concerns (use back if needed):

Are you aware of any other staff and/or service providers that are involved with this student/family? If so, please list below:

*Is this student: receiving Special Education services? Y N currently homeless? Y N in foster care? Y N

*Does the student and/or family have health insurance? Y N (If no, be sure to check Lack of Health Insurance Coverage as an Area of Concern above.)

What type of health insurance? Medi-Cal Healthy Families Kaiser HMO/PPO (Private Insurance) Other
If necessary, please describe coverage below:

- Principal VP Office Manager Office Assistant
- Teacher Nurse School Psych. School Counselor
- Parent/Caregiver Other:

Name of Person Making Referral

Title

School/Department/Organization

Phone

E-mail

Date

Please fax completed form to **433-5372**. For more information, contact the Connect Center at **643-2354**.