



GREENE COUNTY EDUCATIONAL SERVICE CENTER
Terry Graves - Strieter, Superintendent • Robert L. Arledge Jr., Treasurer

Referral Form

Date of Referral: _____

Name of Student: _____ DOB: _____ Gender: _____

Address: _____

City: _____ Zip: _____

Race: African American Alaska Native Asian Caucasian Hispanic Multi-Racial
 National Hawaiian Native American Other Pacific Islander Unknown

Ethnicity: Cuban Hispanic-Specific Origin not Specified Mexican Not of Hispanic Origin
 Other Hispanic Puerto Rican Unknown

Preferred Language: English Other: _____

District: _____ Building: _____ Grade: _____

Parent / Guardian (s): _____

Phone: (Cell) _____ (Other) _____

Person Making Referral: _____ Phone: _____

Position/Title: _____

Please check & attach copy of all that apply: IEP _____ Minutes 504 Regular Classroom

Reason for Referral:

- Aggression/Conduct Issues Anxiety Depression Executive Functioning High Risk Indicators
- Issues at Home Learning Difficulties Poor Attendance Social Difficulties Substance Abuse

Description of concerns: _____

Rating of Urgency: _____ 1= High (evidence of risk, etc.) to 5 = Low

Explain: _____

Any previous counseling? Community agencies involved (FSC, TCN, CSB, BVR, etc. if known): _____

Parent/guardian/student response to referral: _____

Willing to engage in services: Yes No

Date Received by Therapist: _____

Form Updated: WAW20