

**Cumberland County Schools  
Family Resource Youth Services Center  
Referral Form for services**



*This form is not a condemnation or a diagnosis, but a positive action of concern. Please check observed behaviors.*

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Referred By \_\_\_\_\_ School \_\_\_\_\_

Reason for Referral:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Clothing Needs              | <input type="checkbox"/> Counseling/ Crisis      | <input type="checkbox"/> School Supplies     |
| <input type="checkbox"/> Tobacco                     | <input type="checkbox"/> Health                  | <input type="checkbox"/> Adult Classes       |
| <input type="checkbox"/> Program/TEG                 | <input type="checkbox"/> Job Development         | <input type="checkbox"/> Educational Support |
| <input type="checkbox"/> Food Needs                  | <input type="checkbox"/> Center Visit            | <input type="checkbox"/> Emergency Needs     |
| <input type="checkbox"/> Family Support              | <input type="checkbox"/> Home visit              | <input type="checkbox"/> Summer Camps        |
| <input type="checkbox"/> Medication                  | <input type="checkbox"/> Baby Shower             | <input type="checkbox"/> Holiday Assistance  |
| <input type="checkbox"/> Adanta School Based Therapy | <input type="checkbox"/> After School Child Care | <input type="checkbox"/> Refer to AEP        |
| <input type="checkbox"/> Child Care Referral         | <input type="checkbox"/> Housing                 | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> Bullying                    | <input type="checkbox"/> Parenting Programs      |  |
| <input type="checkbox"/> WIA                         | <input type="checkbox"/> Attendance/Truancy      |  |

- Physical:**
- Disruptive
  - Stealing
  - Does not make eye contact
  - Visits restroom frequently
  - Neglects personal appearance
  - Frequent visits to health office
  - Lethargic/bored
  - Falls asleep
  - Abrasions/bruises
  - Weight Loss
  - Suspected substance abuse

- Academic:**
- Preoccupied
  - Drop in grades
  - Truancy
  - Short attention span
  - Writes about alcohol and other drugs
  - Writes about suicide
  - Late for class
  - Falls asleep

- Peer Relationships:**
- Changes friends
  - Does not relate well to peers
  - Extremely aggressive/threatening
  - Easily exploited
  - Often alone
  - Manipulative
  - Excessive borrowing/spending

- Emotional:**
- Anxious
  - Sad/crying
  - Mood swings
  - Withdrawn
  - Defensive
  - Angry Outbursts
  - Apathetic
  - Abrupt change in personality
  - Preoccupied with death/suicide
  - Fearful of physical contact

- Verbal:**
- Talk about alcohol and other drugs
  - Loud, abusive language
  - Suicidal statements
  - Talks about problems
  - Bullying

**Comments:**

*Return to FRYSC ... All information is confidential.*