PORT ARTHUR INDEPENDENT SCHOOL DISTRICT
SOCIAL WORK REFERRAL FORM
FOR SCHOOL YEAR _____

RECEIVING SOCIAL WORKER – ***Please underline or highlight appropriate name(s)*:**

Gabrielle Smith, LMSW - gabrielle.smith@paisd.org 409.984.4024/409.217.2141 (*MHS, MHS 9th Grade Academy, High School PAAC)*

Laura Welch, LBSW - laura.welch@paisd.org 409.984.8721/409.548.3150 (*Lincoln, Jefferson, Wilson ECHS, Middle School PAAC)*

Tierra Idlebird, LMSW - tierra.idlebird@paisd.org 409.984.8619/409.719.1295 (*Washington, DeQueen, Adams, Tyrrell)*

Iona Clinton Chijioke, LBSW - iona.clintonchijioke@paisd.org 409.984.4960/409.548.1765 (*Port Acres/DAEP, Houston, Lakeview, Travis*)

REFERRAL SUBMITTED: ( ) In-Person ( ) SW Office Phone ( ) SW Cell Phone ( ) SW Email ( ) Other: _____

FROM: Name_____ Campus_____ Phone/Ext._____

Date: _____ Time(Approx.): _____

STUDENT INFORMATION Campus: _____

Name of Student(s): _____

Age/Grade(s): _____

Parent/Guardian(s) Name:_____

Parent/Guardian(s) Contact Information (IF KNOWN): _____

This student is being referred to a social worker for the reason(s) below: (please check all that apply)

_____ Suspected abuse, neglect, or exploitation
_____ Aggressive behavior toward others or self
_____ Suspected suicidal tendencies
_____ Bullying (suspected victim or suspected aggressor)
_____ Counseling (grief, drug abuse, pregnancy, etc.)
_____ Problems with class work, homework, test grades
_____ Increased number of tardiness or absences
_____ Decrease in social/interaction skills (withdrawn, shyness, etc.)
_____ Inappropriate classroom/school behavior
_____ Assistance with obtaining school supplies/uniforms/other needs
_____ Medical concerns/issues/needs
_____ Hygiene and appropriate dressing concerns
_____ Prolonged or frequent changes in affect (moodiness, anxiousness, sadness, weariness, anger, etc.)
_____ Abrupt physical changes (tiredness, weight loss/gain, unexplained bruises, suspected substance abuse, etc.)

_____Suspected homelessness
_____Foster Care assistance
_____Family issues that concerns the student
_____Unable to contact guardian
_____Home visit requested
_____Noted inability to focus
_____Noted hyperactive behavior
_____Suspected pregnancy/or teenage parent
_____Assistance with transportation
_____Assistance with school transfer request
_____Access to Community Resources
_____Other (please explain below)

Please provide a brief narrative in regards to each checked area of concern. Please include the approximate date the concern was noticed and what has been done, if anything, to address this concern thus far:

_____
_____
_____
_____

Signature of Referring Person: _____ Date: _____

SW Acknowledgment of Receipt: _____

Signature Date Time (Approx.)

This section may be completed by referring person, if desired.

Please contact me about this student for further discussion: ( ) Any time/as soon as referral is received ( ) At or during this time frame _____