



**Student Support Services**  
**BIBB COUNTY BOARD OF EDUCATION**  
 484 Mulberry Street, Suite 390  
 Macon, GA 31201

(478) 765-8607 Ofc.  
 (478) 765-8731 Fax  
 www.bcsdk12.net

**SCHOOL SOCIAL WORK  
 REFERRAL FORM**

Referral Date: \_\_\_\_\_

**Referral Source:** (all fields on this form are required)

Person Referring: \_\_\_\_\_ Title: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

School Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Student & Family Information:**

First Name \_\_\_\_\_ MI \_\_ Last Name \_\_\_\_\_ SID# \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Ethnicity \_\_\_\_\_

Father \_\_\_\_\_ Cell#: \_\_\_\_\_ Work: \_\_\_\_\_

Mother \_\_\_\_\_ Cell#: \_\_\_\_\_ Work: \_\_\_\_\_

Student Lives With \_\_\_\_\_ Relationship \_\_\_\_\_ Parent/Guardian Email \_\_\_\_\_

**New Case Category:**

- |                                                        |                                                                      |
|--------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Abuse or Neglect              | <input type="checkbox"/> PEC/Special Education Issues *Grace Krauss, |
| <input type="checkbox"/> Attendance                    | <b>SpEd Social Worker</b>                                            |
| <input type="checkbox"/> Enrollment Issues             | <input type="checkbox"/> Suicide/Self Harm                           |
| <input type="checkbox"/> Homeless/Displaced Family     | <input type="checkbox"/> Other: (Explain) _____                      |
| <input type="checkbox"/> Family/Health/Social Services | _____                                                                |

Problem as seen by referring Person (*Please be detailed and specific*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School Interventions Prior to Referral (*Summarize and date attempts by school personnel*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Social Worker Use Only**

Conf. w/Student/Parent/Guardian/Other       Consult/Refer to Community Agency

Economic Aid       Home/Agency Visit       Other (*explain*) \_\_\_\_\_

**Referrals:**

DFCS       Juvenile Court or DJJ       Public Health       Public Mental Health

Other (*provide details*) \_\_\_\_\_