



# Essex County Schools of Technology

## Office of Student-Related Services

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### Intervention & Referral Services School Counselor Referral for Student Assistance Form

**\* Required**

Student Name \* \_\_\_\_\_ Grade Level \_\_\_\_\_ School \_\_\_\_\_

School Counselor's Name \* \_\_\_\_\_ Email \_\_\_\_\_ Ext \_\_\_\_\_

Date of Request \* \_\_\_\_\_

How many referrals, emails, or complaints have you received for this student? \_\_\_\_\_

List any teachers who have contacted you regarding the above student and indicate the issues and PBIS & CAP Interventions they have used:

Teacher	Reason for Contact	Confirmation of PBIS/CAP
	__Attendance __ Grades __ Behavior	__ Spoke to Student __ Spoke to Parent __ Teacher Detention __ PBIS
	__Attendance __ Grades __ Behavior	__ Spoke to Student __ Spoke to Parent __ Teacher Detention __ PBIS
	__Attendance __ Grades __ Behavior	__ Spoke to Student __ Spoke to Parent __ Teacher Detention __ PBIS

Specify Reason(s) for Request for Assistance from I&RS Team of This Student:

**Background Information**

- Attendance problems
- Latchkey child
- Involvement with community agencies
- Death in immediate family
- Chronic illness in immediate family
- Divorce or separation
- Unemployment
- Single parent household
- Previously identified for drug/alcohol use
- Adjudicated for a juvenile offense
- Lives with someone other than parent(s)
- Known medical problem
- Takes medication
- Previously involved with counseling
- Currently involved with counseling
- Previously identified for assistance
- Discusses concerns regarding drug/alcohol use in the home
- Family member incarcerated or adjudicated