

**STUDENT AND FAMILY SUPPORT SERVICES  
AND/OR  
DEPARTMENT OF SPECIAL SERVICES  
CHILD STUDY TEAM  
REFERRAL/REQUEST FOR ASSISTANCE MEMO  
*Confidential***

*Please indicate if:*

TO:     Student and Family Support Team     Child Study Team

FROM: \_\_\_\_\_

REFERRAL DATE TO SFSS: \_\_\_\_\_

REFERRAL DATE TO CST: \_\_\_\_\_

STUDENT DEMOGRAPHICS:

NAME : _____			
ID#: _____	D.O.B.: _____	GRADE: _____	
SCHOOL: _____			

REFERRING PERSON'S TITLE & AVAILABILITY \_\_\_\_\_

\_\_\_\_\_

***Reasons for Request for Assistance*** (Must be for school-based issues, i.e., academics, behavior, school health):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Specific and Descriptive Observed Behaviors*** (Hearsay or subjective comments will not be accepted):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all teachers and/or specialists who have contact with this student (if applicable)

\_\_\_\_\_  
\_\_\_\_\_

***The "Prior Interventions Checklist" must also be completed for your request to be considered.***  
Place the completed forms in a sealed envelope and deliver to the appropriate location:  
SFSS mailbox/school designated location or Department of Special Services.

*Turn page over* →

STUDENT AND FAMILY SUPPORT SERVICES  
AND  
DEPARTMENT OF SPECIAL SERVICES  
CHILD STUDY TEAM

REFERRAL/REQUEST FOR ASSISTANCE  
PRIOR INTERVENTIONS CHECKLIST

Confidential

Please indicate the interventions you have tried prior to this request for assistance. Indicate date(s) and frequency for each intervention.

	(√)	Date(s)	Frequency
1. Spoke to student privately after class.			
a) Explained class rules and expectations.			
b) Explained my concerns.			
2. Gave student help after class/school.			
3. Changed student's seat.			
4. Spoke with parent on the telephone Phone number _____			
5. Gave student special work at his/her level.			
6. Checked cumulative folder.			
7. Held conference with parent in school.			
8. Sent home notices regarding behavior/school work.			
9. Arranged an independent study program for student.			
10. Gave student extra attention.			
11. Set up contingency management program with student.			
12. Assigned student detention.			
13. Referred student to guidance _____, family liaison _____, substance awareness coordinator _____, administration _____, other (specify) _____. (indicate dates & frequency)			
14. Involved in in-house program/after-school program (i.e. Safety Net, School Based Youth Services, Homework Helper) _____			
15. Other (Please explain.) _____ _____ _____ _____ _____			

Staff Member's Signature: \_\_\_\_\_

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

**STUDENT AND FAMILY SUPPORT SERVICES  
 AND  
 DEPARTMENT OF SPECIAL SERVICES  
 CHILD STUDY TEAM**

**TEACHER DATA COLLECTION FORM**  
 Confidential

Date: \_\_\_\_\_ Teacher Name: \_\_\_\_\_  
 Student Name & ID: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
 Parent Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Grade: \_\_\_\_\_ Days Absent to Date: \_\_\_\_\_  
 School: \_\_\_\_\_

**Directions:** *Please provide the information requested in the appropriate spaces below.*

<i>Subject(s)</i>	<i>Grade level Skills</i>	<i>Present levels of Academic Achievement and Functional Performance</i>	<i>Student Strengths</i>	<i>Student Areas for Improvement</i>
Reading - letter recognition, sight words, phonics, comprehension, vocabulary, fluency				
Math - calculation, accuracy, concepts, problem solving				
Speech and Language – receptive language, listening skills, understanding, sound production, articulation, expressive language				
Behavior – interpersonal relations, ability to get along in class				
Attention – on task behavior, work completion				
Other -				

Directions: Please place a check before each behavior or action listed below that you have observed. Remember, only behaviors or actions you have observed should be noted.

Classroom Performance (This only assesses weak areas)

- Failure in one or more subject areas (identify)
Drop in grades, lower achievement
Needs directions given individually
Does not ask for help when needed
Prefers to work alone
Does not complete homework
Does not complete in-class assignments
Homework is disorganized or incomplete
Other
Short attention span, easily distracted
Poor short-term memory, e.g., can't remember one day to the next
Finds it hard to study
Gives up easily
Lacks desire to do well in school
Has demonstrated ability, but does not apply self

Background Information (If known, please do not ask child or family.)

- Attendance problems
Latchkey child
Involvement with community agencies
Death in the 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
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

Social Skills

- Tends to stay to self, withdrawn
Lack of peer relationships
Appears lonely
Slow in making friends
Disturbs other students
Negative leader
Unyielding or stubborn on positions
Argues with teacher
Hits and/or pushes other students
Threatens other students
Teases other students
Angered by constructive criticism
Demonstrates lack of self-confidence
Disrespects or defies authority
Regularly seeks to be center of attention
Frequent ridicule from classmates
Appears unhappy/sad
Lacks control in unstructured situations
Change in friends
Sexual behavior in public
Difficulty in relating to others
Talks freely about drugs/alcohol
Other social behavior of concern:

Disruptive Behavior

- Defiance, violation of rules
Blaming, denying, not accepting responsibility
Fighting
Cheating
Sudden outbursts of anger, verbally abusive to others
Lack of impulse control
Obscene language, gestures
Noisy, boisterous at inappropriate times
Crying for no apparent reason
Highly active, agitated
Erratic behavior
Mood swings
General changes in behavior patterns

If you have checked any item under the Social Skills or Disruptive Behavior sections, please attach another piece of paper and provide a detailed explanation.

Physical Symptoms

- Underweight, Overweight, Smells of tobacco, alcohol marijuana, Wears clothes that challenge the dress code or are inappropriate, Appears tense, on edge, Slurred or impaired speech, Appears sleepy, lethargic, Impaired vision, Impaired hearing, Frequent physical injuries, Deteriorating hygiene, Dramatic change in style of clothes, Sleeping in class, Glassy, bloodshot eyes, Frequent requests to see nurse, Unsteady on feet, Problems with muscle or hand-eye coordination

Home/Social/Family Problems:

- Family problems, Runaway, Family alcohol/drug problems, Peer problems, Job problems

Related Services or Programs

a) School-based:

- Title I, Reading Specialist, Speech and Language Correctionist, Gifted and Talented Program, Substance Awareness Coordinator, Guidance Counselor, School Social Worker, Other Specialists or Services

b) Extra Curricular Activities:

- Missed athletic practice without substantial/acceptable reason, Missed club/group meeting without substantial/acceptable reason, Loss of eligibility, Dropped out of activity (name of activity):

Positive Qualities

List 1-3 (or more) skills or other positive characteristics and strengths, both personal (e.g., talents, traits, interests, hobbies) and environmental (e.g., friends, family members, faith community) that you have observed or that apply for this student:

Blank lines for listing positive qualities.

Thank you for your cooperation and concern!

STUDENT AND FAMILY SUPPORT SERVICES  
AND  
DEPARTMENT OF SPECIAL SERVICES  
CHILD STUDY TEAM

SCHOOL NURSE/SCHOOL HEALTH FORM

Confidential

<u>STUDENT DEMOGRAPHICS:</u>		
NAME : _____		
ID#: _____	D.O.B.: _____	GRADE: _____
School: _____		

Please complete and return this form to the SFSS Team by: \_\_\_\_\_

**Health History**

Is the student currently taking any medication? If yes, please identify medication and condition treated. (unless this information should remain confidential). \_\_\_\_\_

Are you aware of any prior use of medication by the student? If yes, identify each medication and condition treated (unless this information should remain confidential). \_\_\_\_\_

Are you aware of any medical or other condition that could interfere with the student's ability to perform in school? If yes, please describe the condition and its implications (unless this information should remain confidential). \_\_\_\_\_

**Health Assessment**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Vision: \_\_\_\_\_  
Hearing: \_\_\_\_\_ Skin: \_\_\_\_\_ Posture: \_\_\_\_\_  
Comments: \_\_\_\_\_

**Socialization**

Observable behaviors: \_\_\_\_\_  
Behavioral changes: \_\_\_\_\_  
Comments: \_\_\_\_\_

**Physical Appearance** (e.g., personal hygiene, fatigue, odor of smoke, attire) \_\_\_\_\_

**Visits to Nurse**

Frequency/Number: \_\_\_\_\_  
Reasons: \_\_\_\_\_

**Physical Education Excuses**

Number: \_\_\_\_\_ Reasons: \_\_\_\_\_  
Comments: \_\_\_\_\_



STUDENT AND FAMILY SUPPORT SERVICES  
AND  
DEPARTMENT OF SPECIAL SERVICES  
CHILD STUDY TEAM  
GUIDANCE COUNSELOR FORM  
Confidential

Date: \_\_\_\_\_ Case Manager: \_\_\_\_\_  
School: \_\_\_\_\_  
Student Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Grade/Team/Section: \_\_\_\_\_  
Parent Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Parents' Home Phone: \_\_\_\_\_ Parents' Work Phone: \_\_\_\_\_

*We are gathering information on the above-named student. Your input is essential in developing a complete and accurate profile of this student. If there is information you prefer not to commit to in writing or if you have any questions, please immediately contact the case manager.*

**ACADEMIC INFORMATION**

Class rank: \_\_\_\_\_ GPA: \_\_\_\_\_

Standardized Test Scores:  
\_\_\_\_\_  
\_\_\_\_\_

**CONFIDENTIAL INFORMATION**

Has a psychological evaluation been conducted on this student?  Yes  No  
If yes, is there a copy of the evaluation in the student's file.  Yes  No

In addition to your role, are you aware of any kind of counseling or therapy (current or past) that has been provided to the student?  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Has any type of educational testing been conducted on this student?  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**PARENT CONTACTS**

Please provide information on the number, purposes and outcomes of parent contacts regarding this student. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Turn page over→



**GUIDANCE INFORMATION**

Please give any additional information you think would be helpful in the team’s assessment of the student. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ATTENDANCE INFORMATION**

Please attach attendance data on the student named above for the time period of

\_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_.

The attendance information may be supplied from FUSION or in the standard format used by your office. Whichever format is used, please be sure to provide actual dates of absences; indicate whether the absences were excused or unexcused; and where possible, please cite explanations given for absences.

**DISCIPLINE INFORMATION**

Please provide the information requested below for the above-named student and discipline information from FUSION.

The number of referrals to date: \_\_\_\_\_

The number of times parents have been contacted regarding the student’s behavior: \_\_\_\_\_

Has the student ever been detained in the office, assigned a restricted lunch, kept in for recess/open periods, etc.? Please comment. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please provide any other comments or important information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please return the form to the case manager by:* \_\_\_\_\_

# STUDENT AND FAMILY SUPPORT SERVICES CONFIDENTIAL PARENT QUESTIONNAIRE

Student's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_ School Name: \_\_\_\_\_

- 1) Who are the people living in the home with the child?  
\_\_\_\_\_
- 2) What, if any, important changes have occurred within your family? If any, explain your child's reactions.  
\_\_\_\_\_  
\_\_\_\_\_
- 3) What, if any, serious illness or injury has your child had? Please identify and explain.  
\_\_\_\_\_  
\_\_\_\_\_
- 4) Is your child on medication? If so, please identify and explain the reason. (1)yes (2)no  
\_\_\_\_\_  
\_\_\_\_\_
- 5) Have you noticed any significant changes in your child's behavior within the last year? (1)yes (2)no  
\_\_\_\_\_  
\_\_\_\_\_
- 6) Have you noticed any changes in your child's eating habits? Explain. (1)yes (2)no  
\_\_\_\_\_  
\_\_\_\_\_
- 7) Have there been any changes in your child's sleeping habits? Explain. (1)yes (2)no  
\_\_\_\_\_  
\_\_\_\_\_
- 8) Has there been any change in your child's physical appearance? Explain. (1)yes (2)no  
\_\_\_\_\_  
\_\_\_\_\_
- 9) How does your son/daughter spend his/her time?  
\_\_\_\_\_  
\_\_\_\_\_
- 10) Does your child share his/her thoughts regularly and openly share his/her thoughts with you?  
(1) Never (2) Hardly Ever (3) Usually (4) Always
- 11) Does your child share his/her thoughts and feelings with anyone else? If yes, who?  
(1) Never (2) Hardly Ever (3) Usually (4) Always \_\_\_\_\_
- 12) Who initiates conversation between you and your child? \_\_\_\_\_
- 13) Does your child seem sad, moody or angry? Circle the feelings that apply. (1)sad (2)moody (3)angry
- 14) Have you ever had reason to suspect that your child has ever experimented with alcohol or other drugs?  
Explain. (1)yes (2)no \_\_\_\_\_

(Turn page over →)

15) Has your child ever talked about suicide? Explain. (1)yes (2) no

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16) Have any of your son's/daughter's friends or any family members attempted or committed suicide?  
(1)yes (2) no

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17) Has your child intentionally inflicted injury upon himself or others? Explain. (1)yes (2) no

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18) Has your child given away any of his/her important possessions lately? (1)yes (2) no

19) Have you noticed any changes in your child's room? Explain. (1)yes (2) no

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20) In the past few months, have you noticed any money, alcohol, prescription or over-the-counter medications missing? Explain. (1)yes (2) no

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21) Has any member of your family (including grandparents, uncles, aunts, etc.) ever had a problem with alcohol or other drugs? (1)yes (2) no

22) Who assumes primary responsibility for discipline in your family? \_\_\_\_\_

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23) How do you discipline your child? Include what works and what does not work?

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24) What do you see as your child's strengths?

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25) What makes you proud of him/her?

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26) What does your child do that causes you the most concern?

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27) Has your child been seen by a health professional for any physical or emotional problems?

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28) Is there anything you can think of anything else that might be affecting your child?

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29) Is there anything else you would like to share?

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(Must be **completed by the case manager or designated district employee!**)

# STUDENT AND FAMILY SUPPORT SERVICES

## STUDENT ASSESSMENT

*Confidential*

Student Name: \_\_\_\_\_ I. D.: \_\_\_\_\_ Date: \_\_\_\_\_  
School: \_\_\_\_\_

*The following set of questions is designed to provide the student with an opportunity to express his/her views on the presenting problem. We encourage the student to be honest when answering the questions. These answers will help the Student & Family Support Team develop an appropriate action plan for the student.*

1. Do you view the problem the same way as the referring person does? *Circle answer* Yes No

2. In your own words, how would you state your problem? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Would you consider yourself a follower or a leader? \_\_\_\_\_

4. Is there someone in your family that you can talk to when you are sad? Who? \_\_\_\_\_

5. How do you solve conflict? \_\_\_\_\_

6. What are your hobbies and interest? \_\_\_\_\_

7. What are your strengths? \_\_\_\_\_

8. What are some areas that you want to improve in? \_\_\_\_\_

9. Who is the person who understands you most? \_\_\_\_\_

10. What subject do you like most? \_\_\_\_\_

11. What subject do you like least? \_\_\_\_\_

12. How do you cool yourself down when upset? \_\_\_\_\_

13. When you need help solving a problem what do you do? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. How do you handle peer pressure? \_\_\_\_\_

15. What are three positive character traits that you have? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# STUDENT AND FAMILY SUPPORT SERVICES

## CASE MANAGER CHECKLIST

*Confidential*

Date: _____	Case Manager: _____
School: _____	
Student Name: _____	
Date of birth: _____	Grade/Team/Section: _____
Parent Name: _____	
Address: _____	
City/State/Zip: _____	
Parents' Home Phone: _____	Parents' Work Phone: _____

**DATE SENT**

**DATE RECEIVED**

**DOCUMENT**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

- Initial Referral/Request for Assistance, and
- Prior Interventions Checklist
- Request for Assistance Feedback
- Teacher Data Collection (list subject areas)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Data Collection Reminder (to whom)
- Staff Thank You Memo
- Guidance Counselor Form
  - Attendance Data
  - Discipline Data
- School Nurse/Health Form
- Parent Letter
- Parent Questionnaire
- Student Self-Assessment Form
- Release of Information Form
- Service Feedback Form
- Cumulative Folder Data:
  - Current Report Card
  - 2 Years Prior Report Cards
  - Standardized Test Data
- Other \_\_\_\_\_





**STUDENT AND FAMILY SUPPORT SERVICES**  
**MEETING ATTENDANCE FORM**

Date: _____	Time: _____	School: _____
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Administrator \_\_\_\_\_

Child Study Team Member \_\_\_\_\_

Drop Out Prevention Specialist (if applicable) \_\_\_\_\_

Family Liaison \_\_\_\_\_

Guidance Counselor \_\_\_\_\_

Health and Human Service Coordinators \_\_\_\_\_

Nurse \_\_\_\_\_

Parent(s)/Guardian \_\_\_\_\_

Social Worker (if applicable) \_\_\_\_\_

Teachers 1. \_\_\_\_\_ 2. \_\_\_\_\_

Guest \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Absent SFSS Team Members \_\_\_\_\_

\_\_\_\_\_



# STUDENT AND FAMILY SUPPORT SERVICES

## ACTION PLAN FORM

*Confidential*

(This form should be completed during SFS Team Meeting)

Student Name: _____	Meeting Date: _____
Student D.O.B: _____	Student Grade: _____
Case Manager: _____	Parent Notification Date: _____
School: _____	

Attendance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1) **Presenting Problem:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) **Problem Description**

a) Behaviors of Concern (*Specific, Observable, Descriptive and Objective*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Background Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) **Prior Interventions**

a) Successful Interventions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Unsuccessful Interventions:

\_\_\_\_\_

4) Student Strengths

Areas for Improvement

a) Social/Emotional:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Academic:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Desired Goal/s (short-term, achievable, measurable):

\_\_\_\_\_  
\_\_\_\_\_

6) Objectives (Group Discussion):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) Implementation Steps for Case Manager

<u>Specific Tasks</u>	<u>Resources</u>	<u>Responsible Persons</u>	<u>Target Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8) Follow-Up Meeting Date: \_\_\_\_\_

# STUDENT AND FAMILY SUPPORT SERVICES

## FOLLOW-UP MEETING FORM

*Confidential*

Student Name: _____	Meeting Date: _____
Student D.O.B: _____	Student Grade: _____
Case Manager: _____	School: _____

Attendance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 1) Outcome of SFS Action Plan:

Objectives:	Achieved	Not Achieved
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### 2) Recommended Action:

\_\_\_\_\_ No Further Action                      \_\_\_\_\_ Continue Original SFS Action Plan

\_\_\_\_\_ Modify Original SFS Action Plan \*  
(Complete form on the reverse side)

### 3) Follow-Up Meeting Date: \_\_\_\_\_



# STUDENT AND FAMILY SUPPORT SERVICES

## HOME VISITATION FORM

*Confidential*

### STUDENT DEMOGRAPHICS:

Name \_\_\_\_\_

ID#: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

1. Date of home visit(s)? \_\_\_\_\_

2. Purpose of home visit? \_\_\_\_\_  
\_\_\_\_\_

3. Who was present? \_\_\_\_\_  
\_\_\_\_\_

4. Are the family's basic needs being met (i.e. electricity, heat and hot water, adequate food and clothing, etc.)? \_\_\_\_\_  
\_\_\_\_\_

5. What issues were discussed at the home visit? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Were any recommendations/suggestions given to parent/family? \_\_\_\_\_

a.) What were they? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b.) Who is responsible for follow up? \_\_\_\_\_  
\_\_\_\_\_

7. Next Steps?

**Action**

**Target Date**

**Responsible Person**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature and title of person conducting home visit \_\_\_\_\_

Date \_\_\_\_\_

## STUDENT AND FAMILY SUPPORT SERVICES SERVICE FEEDBACK FORM

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

Service Provider: \_\_\_\_\_ Contact Person: \_\_\_\_\_

*This form is designed to provide the school and the Student and Family Support Team with information regarding the outcome of the delivery of service to the student and/or family. Please provide us with detailed feedback of all interventions provided and return to the Case Manager. Thank you.*

\_\_\_\_\_  
*Case Manager*

\_\_\_\_\_  
*School Address*

\_\_\_\_\_  
*School Telephone Number*

\_\_\_\_\_  
*School Fax*

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

**Reason for Referral:**

\_\_\_\_\_

**Requested Services:**

\_\_\_\_\_

**Dates of Service Delivery:**

\_\_\_\_\_

**Summary of Outcome & Interventions:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Recommendations:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\*Please attach any additional information regarding services provided.

**STUDENT AND FAMILY SUPPORT SERVICES**

**DATA COLLECTION REMINDER MEMO**

*Confidential*

TO: \_\_\_\_\_

FROM: \_\_\_\_\_  
SFS Team Member/Case Coordinator

DATE: \_\_\_\_\_

SUBJECT: \_\_\_\_\_

A few days ago, the SFS Team sent you the SFSS program's data collection form on the above-named student. Its essential that we have an accurate and complete profile of this student to develop an appropriate Student and Family Support Services action plan. We would appreciate your cooperation in returning the form now.

Please see \_\_\_\_\_ if this is a problem.

Attached is another form in the event that the one previously supplied to you is not available. If you need another form or have questions or concerns, immediately contact the SFS Team member identified above.

*Thank you for your cooperation.*

Attachment  
c:





**STUDENT AND FAMILY SUPPORT SERVICES**

**FEEDBACK MEMO TO PERSON WHO MADE  
REFERRAL/REQUEST FOR ASSISTANCE**

*Confidential*

TO: \_\_\_\_\_  
FROM: \_\_\_\_\_  
DATE: \_\_\_\_\_

<p><u>STUDENT DEMOGRAPHICS:</u> NAME : _____ ID#: _____ D.O.B.: _____ GRADE: _____ School: _____</p>
--

The status of your request for assistance of the Student and Family Support Team for \_\_\_\_\_ is explained below:  
(Student's Name)

The following indicates the status of the named student with the Student and Family Support (SFS) Team:

- \_\_\_\_\_ The assigned case coordinator from the SFS Team will contact you to further review the matter.
- \_\_\_\_\_ The in-school assessment process has begun, including input from other staff.
- \_\_\_\_\_ A home contract has been made. The SFS Team is working with the student.
- \_\_\_\_\_ Our preliminary assessment indicates no need for further action at this time.
- \_\_\_\_\_ Other:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***We will make every attempt to keep you involved and informed within the laws governing confidentiality. Thank you for your cooperation and concern.***

**STUDENT AND FAMILY SUPPORT SERVICES**

**STAFF THANK YOU MEMO**

*Confidential*

TO: \_\_\_\_\_  
FROM: \_\_\_\_\_, SFS Team Member  
DATE: \_\_\_\_\_  
SUBJECT: Thank You for Reporting Data on \_\_\_\_\_  
*(student's name)*

Thank you for your cooperation in returning the data collection form for the above-named student. Your input will be added to information gathered on the student from a variety of sources. A determination on remedial action will be made soon. Respecting the laws governing confidentiality, we will make every attempt to keep you informed.

The cooperation and support of the entire school community is vitally important for the success of the SFS Team in helping staff, parents and students in need of assistance.

Thank you for your cooperation.

c:

STUDENT AND FAMILY SUPPORT SERVICES  
PARENT OR GUARDIAN LETTER

*Confidential*

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DRAFT

Do not include this section with letter

*NOTE: A personal interview with the student's parent or guardian is always the preferred method of contact. A personal conversation provides the opportunity for the SFSS team to achieve the following objectives: 1) Provide support to the parent, 2) Obtain important data, and 3) Develop a personal relationship. The Sample Parent Questionnaire provides suggested questions to be explored during the interaction. If personal notification is not possible, the district might consider corresponding on school letterhead, accompanied by the Parent Questionnaire.*

---

Date

Mr. and Mrs. Parent  
Home Lane  
Extended Family, NJ 00000

Dear Mr. and Mrs. Parent:

We have a new opportunity to provide assistance to (student's full name) through the school's Student and Family Support Team. Your knowledge and information regarding (student's first name) is most valuable to us in determining the best way to proceed to support you and your child.

We invite you to either call (school representative for this case,) at (school representative's phone number) to discuss the matter, or contact us to schedule a school visit. You can reach us between the hours of \_\_\_\_\_ a.m. and \_\_\_\_\_ p.m.

You can also help us by completing the attached Parent Questionnaire and returning it in the enclosed envelope as soon as possible. The information you provide will help us to determine a positive course of action, and will be strictly held in confidence.

Together, we can be more effective in helping your child. Thank you for joining with us in this effort. We look forward to hearing from you.

Sincerely,

Edith Educator, School Representative

Enclosure

c:

**STUDENT AND FAMILY SUPPORT SERVICES**

**GENERAL RELEASE OF INFORMATION  
CONSENT FORM**

*Confidential*

I, \_\_\_\_\_,  
*(student or parent/guardian name)*

authorize \_\_\_\_\_  
*(name of individual/school disclosing information)*

to disclose to \_\_\_\_\_  
*(name or title of individual/organization  
to whom the information is to be disclosed)*

the following specific information from my record: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This consent to disclose information may be revoked by me at any time, except to the extent that action has already been taken in reliance thereupon.

This consent, unless expressly revoked earlier, expires upon *(specify the date, event and/or condition upon which consent expires)*:

Date: \_\_\_\_\_  
Event: \_\_\_\_\_  
Condition: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature required if 14 or above)

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature required)

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature required)