

Student Last Name: _____ First Name: _____ MI: _____ Nickname: _____

Home Campus: _____ Student ID: _____ Grade Level: _____ DOB: _____

Gender: M F Race/Ethnicity: African American Asian/Pacific Islander Hispanic Native American White, not of Hispanic Origin

Parent/Guardian Last Name: _____ First Name: _____

Address: _____ City: Round Rock Zip: _____ County: Williamson

Primary Phone: _____ Secondary Phone: _____

Living Situation	
<p>Student Lives With (Check one):</p> <p><input type="checkbox"/> Both Biological/Adoptive Parents</p> <p><input type="checkbox"/> Foster Parent</p> <p><input type="checkbox"/> Grandparent(s)</p> <p><input type="checkbox"/> Legal Guardian</p> <p><input type="checkbox"/> Living Independently</p> <p><input type="checkbox"/> Other Relative(s)</p> <p><input type="checkbox"/> Parent/Step-Parent</p> <p><input type="checkbox"/> Single Parent Father</p> <p><input type="checkbox"/> Single Parent Mother</p> <p><input type="checkbox"/> Step Parent(s)</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Other _____</p>	<p>Student Lives Where (Check one):</p> <p><input type="checkbox"/> Detention Facility</p> <p><input type="checkbox"/> Emergency Shelter</p> <p><input type="checkbox"/> Foster Home</p> <p><input type="checkbox"/> Halfway House</p> <p><input type="checkbox"/> Homeless</p> <p><input type="checkbox"/> Immediate Family Home</p> <p><input type="checkbox"/> Motel</p> <p><input type="checkbox"/> Other Relative's Home</p> <p><input type="checkbox"/> Other Shelter</p> <p><input type="checkbox"/> Psychiatric Hospital</p> <p><input type="checkbox"/> Residential Placement</p> <p><input type="checkbox"/> Other _____</p>

Student/Family Information	
<p>Primary Language:</p>	
<p>Student:</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other _____</p>	<p>Parent/Guardian:</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other _____</p>
<p>Mental Health Insurance Status:</p>	
<p><input type="checkbox"/> Private Insurance (eligible for MH benefits)</p> <p><input type="checkbox"/> CHIP</p> <p><input type="checkbox"/> Uninsured</p>	<p><input type="checkbox"/> Private Insurance (insufficient MH benefits)</p> <p><input type="checkbox"/> Medicaid</p> <p><input type="checkbox"/> Other _____</p>
<p>Information Source: _____</p>	

Comments: _____

Recommendation Information:

Have you told the parent/guardian about this recommendation and SSSS services? Yes No (Date of Conversation: _____)

Reason For Recommendation Please provide a brief description of the situation:

Please check off services you think would be helpful to this student or family:

- | | |
|---|--|
| <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Family Crisis Intervention |
| <input type="checkbox"/> Medication Evaluation | <input type="checkbox"/> Assistance with Parenting Issues |
| <input type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> Assistance with Medical Needs |
| <input type="checkbox"/> Assistance with Mental Health Resources | <input type="checkbox"/> Connecting Families to Resources |
| <input type="checkbox"/> Substance Abuse Assessment and Referral | <input type="checkbox"/> Coordination of Multiple Services/Agencies (Wraparound) |
| <input type="checkbox"/> Substance Abuse Prevention (For Students Aged 10-14) | <input type="checkbox"/> Other _____ |

Student Name: _____ Recommendation Date: _____

The family is currently working with the following: CPS MHMR Juvenile Probation None of these

Other Services Currently Utilized by Household

Service Provider	Issue(s) Being Addressed

What do you see as the most urgent need at this time/is the student currently experiencing a crisis? _____

Prioritize the family's additional needs as you see them: _____

Do you suspect or know about any of the following? Family history of alcohol and/or other drug use Domestic violence Child abuse or neglect

Have there been any recent significant family events that you are aware of, e.g., arrests, marriages, separations, divorces, births, deaths? _____

Please provide a list of all household residents, and any additional comments or information. _____

Individual Making Recommendation:

Relationship to student: Teacher School Counselor Campus Administrator
 School Nurse SSHS Staff Other: _____

Printed Name: _____ Phone: _____

Signature: _____ Date: _____

(Signature must be in ink)