

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

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

Comments: _____

Recommendation Information:

Have you told the parent/guardian about this recommendation and SSHS 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 _____ |

(Please continue on back)

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)