Department of Student Services
Five Town CSD / MSAD 28
22 Knowlton Street
Camden, ME 04843

Social Work Services Referral Form

Student Name:		**Date of Birth:**	
School:		**Grade:**	
Disability:		**Case Manager:**	
Referring Person:		**Date of Referral:**	

Describe the social-emotional barriers to the student's ability to access their special education program:		
☐ **Non-Attendance**	☐ **Decline in personal hygiene**	☐ **Excessive conflicts with peers or staff**
☐ **Toileting Issues**	☐ **Difficulty separating from parent**	☐ **Elopement**
☐ **Work Avoidance**	☐ **Appears anxious**	☐ **Physical aggression**
☐ **Moderate to significant work refusal**	☐ **Appears sad**	☐ **Disruptive in class**
☐ **Requires more than 4 prompts per class**	☐ **Tearful**	☐ **Suicidal ideation**
☐ **Failing or in danger of failing**	☐ **Irritable**	☐ **Self-harming behaviors**
☐ **Sleeps in class**	☐ **Inattentive**	☐ **Detentions/ Suspensions**
☐ **Isolating self**	☐ **Few, if any, friends**	☐ **Lack of personal safety awareness/ boundaries**
☐ **Shutting down when addressed**	☐ **Change in peer group**	☐ **Other:**

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Describe the history of interventions such as breaks, rewards, and behavior plans:	
Current and Historical Counselor Utilization	
School-Based:	
Out-Patient:	

To be completed by Social Worker:

Recommendations:	
☐ **Check In/Check Out**	☐ **Addition of academic RTI Services**
☐ **Guidance Counselor Supports**	☐ **Addition of behavior RTI Services**
☐ **External Case Management**	☐ **Abbreviated day**
☐ **Schedule IEP Meeting to discuss adding social work services to IEP**	☐ **Other:**
Social Worker Comments:	

Please note: Social work service referrals will be assessed and processed as soon as possible.