East Early College High School
2524 Garland St. Houston, Texas 77087
Office: (713) 847-4809 Fax: (713) 847-4813
Joel Castro, Principal

SOCIAL WORKER REFERRAL FORM

Student Name:_____ Date of Birth: _____ Grade: _____

Parent/Guardian:_____ Phone: _____

Referred by: _____ *Date:* _____

Please check the categories that may describe the behavior/reasons the child is being referred.

___ Low self-esteem/clingy/needy

___ Exhibits hostile/threatening behaviors

___ Family problems (divorce, death, housing)

___ Frequently absent due to illness

___ Probation/police contact

___ Conflict with teacher/peers

___ Disruptive in class

___ Suspected gang involvement

___ Has serious learning difficulties

___ Poor Hygiene

___ Family drug use

___ Frequently absent/ Truant

___Withdrawn, passive or depressed

___ Lacks social skills/disliked by others

___ Suspected alcohol/ drug use

___Failing grades

___ Shows unusual/strange behavior

___ Frequently in trouble

___ Stealing/Cheating

___ Oppositional/Defiant

___ Family related violence

Additional Comments:_____
_____
_____
_____
_____

Low Urgency ***High Urgency***
Priority (Circle One) ***1*** ***2*** ***3*** ***4*** ***5***

DATE RECEIVED: _____