

## REFERRAL FORM

DATE:	SCHOOL:				
FROM:	TITLE:				
REFERRAL PROTOCOL:  By filling out this referral form, the	referral source is verifying	g that the parent/guardian of the student referred has verbally			
consented to this referral and the dis LTL are funded by the Montgomery information below will allow LTL s parent/guardian in order to best coor	sclosure of the information County Department of He taff to learn about prior or dinate and plan for provid	below to Linkages to Learning (LTL). Services provided by ealth & Human Services (MCDHHS). The identifying current services provided by MCDHHS to the student and/or ing support to this family. EXCEPT WHERE OTHERWISE OUT FOR LTL TO PROCESS THIS REFERRAL.			
Signature of Referral Source		_ (If referred from EMT/CAP, attach meeting notes)			
STUDENT INFORMATION		PARENT/GUARDIAN INFORMATION			
Name					
SID#		Relationship			
	DOB				
		Telephone			
DOB		Alternate #			
Type of Health Insurance					
Teacher/Grade					
Counselor					
Child/Family is being referred fo	r (check all that apply):				
LTL Parent Education/S	upportsLTL Yo	outh Development Activities			
LTL Child/Family Thera	ipyLTL Fa	mily Case Management* (complete box below)			
The information below is require	d for referrals to <u>LTL F</u> a	amily Case Management services:			
Attendance (please check one):	Child attends school except during illness/emergency Insufficient school attendance / chronic tardiness Child does not participate in academic process				
Academic Performance:  (please check one)	Child exceeds academic standardsChild meets academic standardsPerforming below academic standards				
Parents' Involvement: (please check one)	Parents involved in <u>meeting</u> child's educational/developmental needs Parents <u>involved</u> in child's educational/developmental needs Parents aware but unresponsive to child's developmental needs Parents unaware of child's developmental needs				

REASON FOR REFERRAL & RE	LEVANT HIST	ORY:			
				<u> </u>	
Clothing Health Crisis Intervention Social Skills Groups Parenting classes Child care Academic Needs  Poes parent/guardian speak English?  The there custodial issues related to the Parents are divorced with joint of One parent is absent	Emergency F Financial Plan Housing Assis Utility Assis Immigration/I Eligibility scr Yes No	inancial Ass nning stance/referr tance Legal referra reening for fi If not, wh	rals (	Yes	No
<del></del>			2.7		
Referral entered into eICM by:	LTL Wor		on;	Date	
Referral Feedback Form Submitted to	referral source	on:	Date		
c: School CounselorF	PCCP	PW _	LTL CFT	LTL CSC	
PrincipalA	PT	'eacher _	LTL FCM	LTL CSA	
Other:					