

Date: SEL & Wraparound Services Student Assistance Form

Student Name:		School Name & Grade:
ID#:	DOB:	Parent/Guardian:
Person Making Referral & Relationship to Student:		Has parent/guardian been notified of this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Referral:		

What interventions have been used by the school staff members?

Staff Name(s) & Title(s):			
Actions Taken: (Include date(s) next to service.)			
Mental Health	Community & Social Services	Recreational Services	Crisis Support
<input type="checkbox"/> Tropical Health	<input type="checkbox"/> Food Bank	<input type="checkbox"/> City Sports	<input type="checkbox"/> Mujeres Unidas
<input type="checkbox"/> Evolving Steps	<input type="checkbox"/> Housing Authority	<input type="checkbox"/> Boys and Girls Club	<input type="checkbox"/> DFPS-1-800-252-5400
<input type="checkbox"/> Palmer Drug Abuse	<input type="checkbox"/> Catholic Charities	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Other		
Legal & Safety	Cultural & Spiritual		Relationship Skills
<input type="checkbox"/> Child Support	<input type="checkbox"/> Death in Family		<input type="checkbox"/> Dating Violence
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Physical/sexual abuse at home		<input type="checkbox"/> Interpersonal Skills
<input type="checkbox"/> Neglect	<input type="checkbox"/> Substance abuse at home		<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Other		
Other Actions:			

Please email the completed form to the Guidance & Counseling Department (virginia.saenz@psjaisd.us) and Student Services Department (orlando.noyola@psjaisd.us).

LPC:

- Loretta Sanchez-Pharr
- Hector Pena-San Juan
- Lori Ann Lopez-Alamo

LSSP:

- Dr. Viviana Garza-Pharr
- Nelly Garcia-San Juan & Alamo

Wraparound Specialist:

- Monica Garcia-Pharr
- Belinda Ortiz-San Juan
- Olga Flores-Alamo

(District Office Use Only)

Date Form Received: _____

NOTES: _____

Guidance & Counseling or Student Services Department's Signature: _____ Date: _____