



**LOS ANGELES UNIFIED SCHOOL DISTRICT
HEALTHY START PROGRAM**

**CONFIDENTIAL
DOCUMENT**

RESOURCE AND REFERRAL REQUEST FORM

Please complete **ALL** applicable sections. Place in a sealed envelope and submit to the Healthy Start Program. Thank you.

Section A: Family Information

<i>Date Requested</i>		<i>Name / Title of Referring Person</i>			<i>Contact Telephone</i>	
<i>School</i>		<i>Homeroom Teacher</i>		<i>Grade</i>	<i>Rm#/SLC</i>	<i>Home Language</i>
<i>Student's Last Name</i>		<i>First Name</i>		<i>MI</i>	<i>RM#/SLC</i>	<i>DOB</i>
<i>Parent's/Guardian's Name</i>		<i>Address / City / Zip Code</i>				
<i>Home Phone</i>	<i>Cell Phone</i>	<i>Work Phone</i>			<i>Email</i>	

Section B: Reason for Resource or Referral Request

Describe the challenges and strengths the student and family possess. Do not speculate. Only describe the needs you have observed or the needs which the student or family have voiced to you.

Section C: Academic/Behavioral Interventions Already Attempted

Indicate steps taken prior to initiating a Resource Request. Please indicate if you have conferenced with the parent(s)/guardian(s) prior to making this request.

<i>Have you already conferenced with parent(s) regarding your concerns?</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Outcome of Conference:

List all interventions attempted and their outcomes:

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Directions: Please type or write an "X" next to each strategy taken by school prior to initiating a Healthy Start Program Resource and Referral Request. (SST, COST, Resource Coordinating Team, etc.):

Section D: Educator / Instruction-based Interventions

- | | | |
|---|--|---|
| <input type="checkbox"/> Change seating | <input type="checkbox"/> Student conference | <input type="checkbox"/> Attendance check |
| <input type="checkbox"/> Peer helper | <input type="checkbox"/> Parent conference | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Simplify assignments | <input type="checkbox"/> Impact referral | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Change program | <input type="checkbox"/> Referral to dean/AP | <input type="checkbox"/> Detention |

Directions: Please type or write an "X" next to each reason on which the Resource and Referral Request is based. ("X" all that apply.)

Section E: Reasons for Request

School Performance

- Falling grades
- Doesn't complete assignments
- Lacks motivation
- Excessive / Unexcused Absences
 - Tardy Truant Unexcused
- Reading below grade level
- Language skills below grade level
- Defiant
- Short attention span
- Other: _____

Behavior

- Loner
- Anxious/nervous
- Inattentive
- Defiant towards authority
- Disrupts others
- Aggressive/short temper
- Steals
- Low self-esteem
- Doesn't take responsibility for own actions
- Erratic behavior
- Frequent daydreaming
- Unaccepted by other
- Potential gang influence
- Appears depressed
- Other: _____

Home Environment

- Drug/alcohol abuse
- Difficulty communicating w/parent
- Inconsistent discipline
- Inappropriate discipline
- Death of significant other
- Addition to family (step-parent, sibling)
- Divorce/separation
- Not living with biological family
- Domestic violence
- History of abuse/neglect
- Other: _____

Medical/Physical

- Poor personal hygiene
- Sleeps in class
- Frequent trips to nurse
- Dental needs
- Vision needs
- Known medical problems