

Student Support Services

KARE Referral Form

Priority Level

Low (meeting within 2 weeks)

Moderate (meeting within 1 week)

High (meeting within 24 hours)

Student: _____ Grade: _____

Referred by: _____ Date: _____

Parent /Guardian Notified: _____

Reason for Referral:

_____ Academic Problems

_____ Anger Management

_____ Behavioral Problems

_____ Poor Peer Relationships

_____ Unexplained Frequent Absences

_____ Physical/Health concerns

_____ Mental Health Concerns (sudden changes in mood, attitude, etc.)

_____ Family Changes (death, divorce, etc.)

_____ Other- Please explain: _____

Please submit to the appropriate Student Support Services Committee Member: (Fetcho, Lueke, Hodge)