

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
  - \_\_\_\_\_ Behavioral Problems
  - \_\_\_\_\_ Unexplained Frequent Absences
  - \_\_\_\_\_ Mental Health Concerns ( sudden changes in mood, attitude, etc.)
  - \_\_\_\_\_ Family Changes (death, divorce, etc.)
  - \_\_\_\_\_ Other- Please explain:
- \_\_\_\_\_ Anger Management
  - \_\_\_\_\_ Poor Peer Relationships
  - \_\_\_\_\_ Physical/Health concerns

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