



# Parenting/Family Literacy Program

## Referral Form

\*\*\*Referral should NOT be completed by the student\*\*\*

Person Being Referred \_\_\_\_\_

Person Making Referral \_\_\_\_\_ Agency \_\_\_\_\_

Name of Referral's Teacher \_\_\_\_\_

Current Grade \_\_\_\_\_ Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone or Contact Number \_\_\_\_\_

Reason for referral \_\_\_\_\_

If pregnant, due date \_\_\_\_\_

Name of Child	Age	Sex	Race	DOB
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please check any family characteristics that apply:

_____ Low Income	_____ Poor Health Care
_____ Teen Parent	_____ Mother Non-High School Graduate
_____ Single Parent	_____ Child Abuse/Neglect
_____ Lack of Job Skills	
_____ Other (explain) _____	

Notified family member on \_\_\_\_\_ at this number \_\_\_\_\_

Name of person notified \_\_\_\_\_

What relation is family member to referred student? \_\_\_\_\_

Additional Comments \_\_\_\_\_

Signature of School Official Making Referral: \_\_\_\_\_

Date \_\_\_\_\_

**Please attach progress report or latest report card.**

Please return form to: Emily R. Crump-Saddler, Parenting/Family Literacy  
PO Box 718, Newberry, SC 29108  
803-321-2674 – fax 321-2613