



79 East Wilder Road ▪ West Lebanon, New Hampshire 03784  
ph:603-298-6700 ▪ fax: 603-298-6703 ▪ www.centerforschoolsuccess.org

## Referral Form

Today's Date: \_\_\_\_\_

Person Completing Form \_\_\_\_\_ Relationship to  
Student \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Nickname/Name Preference \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in School \_\_\_\_\_

Siblings' Names/Ages \_\_\_\_\_

*CSS is required to have consent of the legal guardian(s) to complete the pre-assessment process.*

**Parent/Guardian Name** \_\_\_\_\_

*Please circle relation to child: biological, adoptive, step-parent, legal guardian, other* \_\_\_\_\_

**Parent/Guardian Address (Street)** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone Number ( ) \_\_\_\_\_ (Please Circle: Home or Work)

Home Phone ( ) \_\_\_\_\_ Cell/Other ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Occupation \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

*Please circle relation to child: biological, adoptive, step-parent, legal guardian, other* \_\_\_\_\_

**Parent/Guardian Address (Street)** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone Number ( ) \_\_\_\_\_ (Please Circle: Home or Work)

Home Phone ( ) \_\_\_\_\_ Cell/Other ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Occupation \_\_\_\_\_

**School Type (Please circle one from each category):**

a) *Elementary, Middle, High, College; and*

b) *Public, Private, Independent, Home school, Charter, Waldorf, other* \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



The focus of CSS is on academics; however, does your child have any emotional or behavioral issues at home or school (e.g., disobeying, sibling/peer conflicts, depressed mood, frequent disciplinary actions, school suspension, substance abuse) of which CSS staff should be aware? Yes No

If yes, please note and describe how they are being addressed: \_\_\_\_\_

\_\_\_\_\_

Please provide any additional information you believe would be helpful for us to know regarding your child:

*Thank you for your input.*

*All information provided will be kept confidential by the Center for School Success.  
This includes your referral form and all associated records and reports.*

**Center for School Success  
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West Lebanon, NH 03784  
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8/07