

School _____ Date Referred _____

Grade _____ Special Education Yes No

Teacher _____

KNOX COUNTY SCHOOLS
REQUEST FOR SERVICES
School Social Worker/Attendance Worker

Name of Student _____ D.O.B. _____

Address _____ Apt. # _____ Zip _____

Home Phone _____ Emergency Phone _____

Parent/Guardian Name _____

Father's Employer _____ Phone _____

Mother's Employer _____ Phone _____

Brother(s): Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Sister(s): Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Absences: Consecutive _____ Total _____

*Summary of Problem _____

Previous action taken by school (phone calls, etc.) _____

Signature of Principal Required

Signature of Person Making Referral

* Please attach attendance record for truancy.

Do not use this form for child abuse. (A special form (in handbook) must be used when reporting suspected abuse or neglect.)

** Action by Worker (see back)