

PROFESSIONAL REFERRAL TO BIG BROTHERS BIG SISTERS PROGRAM

I. REFERRAL INFORMATION:

Worker's Name: _____ Phone: _____ Ext: _____

Email: _____ Job Title: _____

School/Agency Name: _____ Office Days/Hours: _____

II. CHILD INFORMATION: (Please complete to the best of ability)

Full Name: _____ Gender: _____ Ethnicity: _____

School Name: _____ Grade: _____ Date of Birth: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Parent/Guardian's Name: _____ Relationship: _____

Primary Language of Parent/Guardian: _____

Marital Status:

Select: Single Married Divorced Widowed Separated Other How long? _____

Family Composition in Home: (include ages of parent/guardian & children)

III. OTHER INFORMATION:

What is whereabouts of absent parent?

What is the extent of contact the child has with the absent parent?

Reason for referral:

Is family aware of referral? Select: Yes No

What is the parent's attitude toward the referral?

What is the child's attitude toward the referral?

What are the personality characteristics of the child?

Special needs of child:

Goals of school/agency working with family:

Are other agencies involved? Select: Yes No
If so, which ones?

Additional comments:
