

## 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:

---