

Food 4 Kids – School Referral Form

Child's Name: _____

Age: _____ Grade: _____ Class: _____

**BEHAVIOR THAT DEMONSTRATES FOOD INSECURITY
(Referral must include at least one item in this category.)**

- Rushing food lines
- Extreme hunger on Monday morning
- Eating all of the food served
- Lingered around for or asking for seconds
- Comments about not having enough food at home
- Other _____

Check any other factors that apply to this child:

Physical Appearance

- Extreme Thinness
- Puffy, swollen skin
- Chronically dry, cracked lips
- Chronically dry, itchy eyes
- Brittle, spoon-shaped nails
- Other _____

School Performance

- Excessive absences and/or tardiness
- Repetition of a grade
- Chronic sickness
- Short attention span/inability to concentrate
- Chronic behavior that leads to disciplinary action (hyperactive, aggressive, irritable, anxious, withdrawn, distressed, passive/aggressive)
- Other _____

Home Environment

- Often cooks own meal, or has another sibling who does
- Moves frequently
- Often spends the night away from home (primary residence)
- Loss of income
- Family crisis
- Other _____

Name/title of person referring the student: _____

Date of referral: _____ Date approved: _____ Approved by: _____

(This form stays at the school)