



Parenting/Family Literacy Program

Referral Form

Referral should NOT be completed by the student

Person Being Referred _____

Person Making Referral _____ Agency _____

Name of Referral's Teacher _____

Current Grade _____ Name of Parent/Guardian _____

Address _____

Home Phone or Contact Number _____

Reason for referral _____

If pregnant, due date _____

Name of Child	Age	Sex	Race	DOB
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please check any family characteristics that apply:

_____ Low Income	_____ Poor Health Care
_____ Teen Parent	_____ Mother Non-High School Graduate
_____ Single Parent	_____ Child Abuse/Neglect
_____ Lack of Job Skills	
_____ Other (explain) _____	

Notified family member on _____ at this number _____

Name of person notified _____

What relation is family member to referred student? _____

Additional Comments _____

Signature of School Official / Partner Representative Making Referral: _____

Date _____

Please attach progress report or the latest report card.

Please return form to: Linda Epps, Parenting/Family Literacy
PO Box 718, Newberry, SC 29108
803-321-2674 – fax 803-321-2613