

**Sandalwood Family Resource Center
Full Service Schools of Jacksonville
Service Request Form**

Date: _____

Student Information

NAME: _____		DOB: _____	GRADE: _____
ADDRESS: _____		ZIP: _____	
AGE: _____	STUDENT #: _____	and	SSN #: _____
SCHOOL: _____			
SEX: <input type="checkbox"/> M <input type="checkbox"/> F	RACE: <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER		

Parent/Guardian Information

NAME: _____		RELATIONSHIP TO STUDENT: _____
ADDRESS: _____		ZIP: _____
DOB: _____	PHONE: _____	
HAS PARENT BEEN CONTACTED REGARDING THIS SERVICE REQUEST? <input type="checkbox"/> YES*		
Parent <u>must</u> be notified before FSS office can attempt to contact		

Service Request Information

Check all issues or concerns that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Behavior Concerns | <input type="checkbox"/> Food/Nutrition | <input type="checkbox"/> Defiant Behavior |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Needs Housing Assistance |
| <input type="checkbox"/> Poor Relationships | <input type="checkbox"/> Family Neglect/Violence | <input type="checkbox"/> Hygiene |
| <input type="checkbox"/> Low Self-Esteem | <input type="checkbox"/> Needs Clothing | <input type="checkbox"/> Medical/Health |
| <input type="checkbox"/> Chronic Discipline Issues | <input type="checkbox"/> Absenteeism/Truancy | <input type="checkbox"/> Family Emergency/Crisis |
| <input type="checkbox"/> Death of a loved one | <input type="checkbox"/> Running Away | <input type="checkbox"/> Divorce |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Needs Eyeglasses | Other _____ |
| <input type="checkbox"/> Academic Failure | <input type="checkbox"/> Attention/Focus Problems | |

PLEASE FURTHER DESCRIBE REASONS FOR THE SERVICE REQUEST: _____ _____ _____ _____
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Is the student receiving services from another agency? Yes No If yes, please list agencies and contact names (if known) _____

Please list interventions to date to address student issues: _____

Referred by (Please Print): _____

Signature _____ Title/Relationship: _____

Phone Number: _____ Service Request Date: _____