



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 CHILDREN'S DIVISION  
**SCHOOL REFERENCE REQUEST**

<b>FROM</b>	OFFICE NAME	DATE	
	ADDRESS		
	CITY	ZIP CODE	
	CHILDREN'S SERVICES WORKER	TELEPHONE NUMBER	
<b>TO ▶</b>	SCHOOL OFFICIAL AND SCHOOL		
	ADDRESS (STREET)		
	CITY	STATE	ZIP CODE
<b>RE ▶</b>	CHILD'S NAME	DATE OF BIRTH	CLASS
	PARENT(S)	ADDRESS	

**I. THE ABOVE NAMED FAMILY HAS APPLIED TO THE CHILDREN'S DIVISION TO SERVE AS \_\_\_\_\_**  
**\_\_\_\_\_.** THEY HAVE REQUESTED THAT WE CONDUCT AN ASSESSMENT OF THEIR FAMILY.

WE ARE ENCLOSING A RELEASE OF INFORMATION FORM SIGNED BY THE APPLICANT FAMILY AND ARE REQUESTING INFORMATION ABOUT THE CHILD'S ADJUSTMENT IN SCHOOL.

PLEASE COMPLETE THE QUESTIONS BELOW AND RETURN IT TO US AT YOUR EARLIEST CONVENIENCE. IF YOU PREFER TO TELEPHONE, THE BEST TIME TO REACH ME IS \_\_\_\_\_.

- II. 1. IS HE/SHE WORKING UP TO HIS/HER POTENTIAL?**  YES  NO
- 2. IS HIS/HER PARENT(S) RESPONSIVE TO SEEKING ASSISTANCE RELATING TO ANY SCHOOL IDENTIFIED PROBLEMS?**  YES  NO
- 3. HOW WOULD YOU DESCRIBE HIS/HER RELATIONSHIPS WITH THE TEACHERS, OTHERS IN AUTHORITY AND HIS/HER PEERS?**
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 4. DO YOU FORESEE ANY PROBLEMS IN HIS/HER ADJUSTMENT WHICH COULD BE CAUSED BY THE PLACEMENT OF ANOTHER CHILD IN THE HOME? IF YES, DESCRIBE**  YES  NO
- \_\_\_\_\_
- \_\_\_\_\_
- 5. HAS THE PARENT(S) BEEN COOPERATIVE IN HIS/HER RELATIONSHIP WITH SCHOOL PERSONNEL?**  YES  NO

<b>PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY</b>	SCHOOL OFFICIAL SIGNATURE ▶	DATE
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