Send Referral Form To Noel-Etstacio@scusd.edu
Noel Estacio Coordinator - Student Support and Health Services
916-752-3230

SCUSD Referral Form
Pregnant and Parenting Student Services

Referral Date:		*Preferred Language?* English Spanish Other:
Name of student		
Date of Birth		
School and Grade		
Home Phone #		
Cell Phone #		
Home Address		

***Is student flagged in Infinite Campus under Pregnant and Parenting: Yes or No**

Referring Staff member:_____ Title:_____

Phone Number:_____

Student is:

- ☐ Pregnant Expected Due Date:_____
- ☐ Parenting
- ☐ Lactating

Is the student currently receiving any services:

- ☐ Yes
- ☐ No

If yes, please list the services:_____

Is the student and or parent/guardian aware you are making the referral?	Yes Or No
Was the welcome packet and student rights provided to the student?	Yes or No
Student referred to the School Nurse for additional health support?	Yes or No
Does the Student have an IEP?	Yes or No

Does the student have any immediate needs or concerns, circle all that apply:

Housing Childcare Attendance Concerns Health Care Counseling Other

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