

MURRAY INDEPENDENT SCHOOLS
Coordinated School Health Services (CSHS) Request Form

(This form is to be completed after other interventions have been applied.)

Received by: _____
Date: _____

Date: _____

Person Making Request: _____ Title: _____

Student's Name: _____ Date of Birth: _____

School: Preschool MES MMS MHS MLA Grade _____

Parent/Guardian: _____ Home Phone: _____

Address: _____

Lives With: _____ Cell/Work Phone: _____

Name(s) of Sibling(s) in school: _____

Area of Concern (choose all that apply)

- | | | | |
|--|-----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Absence | <input type="checkbox"/> Academic | <input type="checkbox"/> Behavior | <input type="checkbox"/> Dropout |
| <input type="checkbox"/> Drug Use | <input type="checkbox"/> Economic | <input type="checkbox"/> Emotional | <input type="checkbox"/> Family |
| <input type="checkbox"/> Health | <input type="checkbox"/> Homeless | <input type="checkbox"/> Pregnancy | |
| <input type="checkbox"/> Other (please list) _____ | | | |

Reason for Request

School Action (Provided date(s) of action and outcome)

- Phone calls _____
- Letter mailed _____
- Letter sent home with student _____
- Parent conference _____
- Disciplinary action _____
- Unable to contact parent _____

What is the desired result of CSHS intervention? _____

FOLD OR PLACE IN ENVELOPE AND GIVE TO SCHOOL COUNSELOR

FOR OFFICE USE ONLY

Given to: _____ Date: _____
Given to: _____ Date: _____

Given to: _____ Date: _____
Given to: _____ Date: _____