

BACKPACK



FRIENDS

Backpack Friends Student Referral Form

Child's Name: _____

Age: ____ **Grade:** _____ **Class** _____

Behavior that demonstrated Food Insecurity (Referral MUST include at least one item in this category)

- Rushing food lines
- Extreme hunger on Monday morning
- Eating all of the food served
- Lingering around for or asking for seconds
- Comments about not having enough food at home
- Other _____

Check any other factors that apply to this child: Physical Appearance

- Extreme thinness
- Puffy, swollen skin
- Chronically dry cracked lips
- Chronically dry itchy eyes
- Brittle, spoon-shaped nails
- Other _____

School Performance

- Excessive absences and/or tardiness
 - Repetition of a grade
 - Chronic sickness
 - Short attention span/inability to concentrate
 - Chronic behavior leading to disciplinary action (hyperactive, aggressive, irritable, anxious, withdrawn, distressed, passive/aggressive)
 - Other _____
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Home Environment

- Often cooks own meal, or have another sibling who does
 - Moves frequently
 - Often spends the night away from home (primary residence)
- Loss of income
 - Family crisis
 - Other _____

If this child needs to receive extra food, please explain why:

Name/title of person referring the student: _____

Date of referral: _____

Date approved: _____

Approved by: _____

