



PROFESSIONAL REFERRAL TO BIG BROTHERS BIG SISTERS PROGRAM

Worker's Name _____ Phone _____ Ext _____

Email Address _____ Job Title _____

School/Agency Name _____ Office Days/Hours _____

CHILD INFORMATION (Please complete to the best of ability)

Name _____ DOB _____ Sex _____ Race _____

School _____ Grade _____ Primary Language of Parent _____

Home Address _____

Home Phone _____ Cell Phone _____

Parent/Guardian Name _____ Relationship _____

Family Composition in Home (include ages of parent/guardian & children) _____

Marital Status of Parent _____ How Long? _____

Whereabouts of Absent Parent? _____

Extent of Contact with Absent Parent? _____

Is Family Aware of Referral? _____ Reason For Big Brother/Sister Referral _____

Parent's Attitude Toward Referral _____ Child's Attitude: _____

Personality Characteristics of Child _____

Goals of School/Agency Working With Family _____

Are Other Agencies Involved? _____

Special Needs of Child: _____

Additional Comments: _____