

Can Families Actually Reach the Support We Refer Them To?

A Referral Reality Check for School Teams

"A referral is an action by the school. Connection to care is what matters for the student and family."

1 • RESOURCE MAP

Do we actually know our network?

Provider/resource: _____

Primary service(s): _____

Our contact: _____

Last verified: _____

- ☐ We know current services provided
- ☐ We know ages/populations served
- ☐ We know the referral/intake process
- ☐ Someone owns keeping this current

When did someone from our school last verify this directly?

2 • FIT

Is this a realistic fit for this student/family?

- ☐ Addresses the identified need
- ☐ Serves this age/population
- ☐ Culturally/linguistically appropriate where relevant
- ☐ We know what this provider can't offer

Why are we referring to this resource?

3 • ACCESS

A good fit isn't enough if care isn't accessible.

- ☐ Cost / insurance
- ☐ Location / transportation
- ☐ Hours / scheduling
- ☐ Waitlist / availability
- ☐ Telehealth option
- ☐ Language access

What could make this referral difficult for this family?

What can we appropriately do to reduce that barrier?

THE ONE-REFERRAL TEST

Pick the community resource your school refers families to most often. Test the pathway:

1. Do we know what they provide?
YES / NO / NOT SURE

2. Do we know who is eligible?
YES / NO / NOT SURE

3. Do we know whether families can currently access it?
YES / NO / NOT SURE

4. Do families receive a clear next step?
YES / NO / NOT SURE

5. Do we appropriately know whether connection occurred?
YES / NO / NOT SURE

WHERE DOES THE PATHWAY BREAK?

That becomes the team's improvement target.

4 • CONNECTION

What actually happens after we refer?

BASIC REFERRAL

Family receives current resource information.

CLEAR CONNECTION PATHWAY

Family understands exactly what to do next.

FACILITATED CONNECTION — WHEN APPROPRIATE

With appropriate permission, the school helps reduce ambiguity between family and provider.

- Who explains the referral? • Who gives next-step instructions?
- Who addresses known barriers? • Who owns school-side follow-through?

⚠ Immediate safety concern? Exit this pathway — follow district crisis procedures now.

Does our process end when we give the family the referral? If yes or not sure — that's the gap.

5 • FOLLOW-UP

Do we know whether connection happened?

- ☐ Someone owns follow-up
- ☐ We know what to do if the referral fails
- ☐ Another option exists if needed
- ☐ School support continues meanwhile

CONNECTED | **NOT CONNECTED** | **NEED CHANGED**

Follow-up means closing the connection loop — not requesting clinical information the school doesn't need.

ONE PATHWAY WE WILL STRENGTHEN

Provider/resource: _____ The gap we discovered: _____ One change we will make: _____

WHO OWNS IT? _____ BY WHEN? _____ HOW WILL WE KNOW THE PATHWAY IS STRONGER? _____

Don't ask only: "Did we make the referral?" Ask: "Could the family actually reach the support?"

Current resource map + appropriate fit + realistic access + clear connection + follow-up = a stronger referral pathway

SCHOOL ROLE: Schools are not expected to become clinics. The role is to identify concern, provide appropriate school-based support, help families understand options, and connect to resources — not to diagnose, guarantee access, or manage external care.

Coordinate and share information only as appropriate, permitted, and necessary under applicable law, consent requirements, and district procedures. This tool does not replace crisis/safety procedures or professional clinical judgment.