



FAMILY LIFE EDUCATIONAL COUNSELING SERVICES (FLECS)
'24-'25 STUDENT REFERRAL FORM

FLECS service is a compliment to the support school-based teams provide. Providers utilize a strength-based model, offering confidential counseling when a student's success in school is enhanced by additional family involvement. The goal is to develop family system interventions for use in the school setting, collaborating with all parties involved, including, school, family, and community agencies.

Please complete this referral as a supplemental document to the Student Service Request in the SRS online system. The online request is acknowledgement of District approval and therefore, a signature is not required.

Date: _____ **School District:** _____

☐ **General Education Referral**

☐ **Special Education Referral**

Student Name: _____ **DOB:** _____

School Where Student Is Placed: _____ **Grade:** _____

Parent/Guardian: _____ **Phone:** _____

Address: _____

Email: _____

Referring Person/Title: _____

Contact Person/Title: _____

(If Different from referring person)

Contact Information (Phone/Email): _____

Please provide a brief description of the presenting concerns.

FLECS Hours Recommended: _____

*Once FLECS has been approved by the district, please send to: michelle_britt@boces.monroe.edu and greta_johnston@boces.monroe.edu