The Juvenile Assessment Center

 at the Family Resource Pavilion

 **9700 E. Easter Ln. │ Centennial, CO 80112 │ 720-213-1320**

SCHOOL PROFESSIONAL REFERRAL FORM

**Email to the Community Assessment Program: SchoolReferrals@ArapahoeGov.com**

Referral Date: Click here to enter text.

Youth’s School: Click here to enter text.

Youth’s Name: Click here to enter text. DOB:  Click here to enter text.

Grade: Click here to enter text. Gender: [ ]  M [ ]  F

# Please check any of the following issues that apply:

[ ]  gang involvement [ ]  expulsion(s) [ ]  violence/aggression

[ ]  excessive tardiness [ ]  academic performance [ ]  suicidal

[ ]  disruptive behavior [ ]  excessive absences [ ]  homicidal

[ ]  defiant behavior [ ]  mental health [ ]  BCOP (beyond control of parent)

[ ]  fighting [ ]  family [ ]  excessive referrals

[ ]  behavioral [ ]  suspension(s)  [ ]  substance abuse

[ ]  other: Click here to enter text.

Parent/Guardian Name: Click here to enter text. Phone: Click here to enter text.

Address: Click here to enter text.

 Click here to enter text.

Youth ESL (English second language) [ ]  Y [ ]  N Specify: Click here to enter text.

Parent ESL (English second language) [ ]  Y [ ]  N Specify: Click here to enter text.

Does Student have an IEP? 504 Plan? [ ]  Y [ ]  N Specify: Click here to enter text.

Does (s)he receive support services? [ ]  Y [ ]  N Specify: Click here to enter text.

Is student involved in SARB/CARB or truancy court? [ ]  Y [ ]  N Specify: Click here to enter text.

Did referral party discuss referral for assessment with Parent/Guardian? [ ]  Y [ ]  N Specify: Click here to enter text.

Parents give permission to have JAC staff initiate contact? [ ]  Y [ ]  N Specify: Click here to enter text.

Is the Department of Human Services involved? [ ]  Y [ ]  N Specify: Click here to enter text.

**Additional Comments / Special Requests:**Click here to enter text.

You will be notified if the family you have referred does not make an appointment within two weeks.

Referring Professional: Click here to enter text.

Title: Click here to enter text.

Referring Entity: Click here to enter text.

Phone: Click here to enter text.

Contact Email: Click here to enter text.