



SCHOOL PROFESSIONAL REFERRAL FORM

REFERRAL DATE: _____

YOUTH'S SCHOOL: _____

YOUTH'S NAME: _____

GRADE: _____

DOB: _____

GENDER: M F

PLEASE CHECK ANY OF THE FOLLOWING ISSUES THAT APPLY:

- | | | |
|--|---|--|
| <input type="checkbox"/> GANG INVOLVEMENT | <input type="checkbox"/> EXPULSION(S) | <input type="checkbox"/> VIOLENCE/AGGRESSION |
| <input type="checkbox"/> EXCESSIVE TARDINESS | <input type="checkbox"/> ACADEMIC PERFORMANCE | <input type="checkbox"/> SUICIDAL |
| <input type="checkbox"/> DISRUPTIVE BEHAVIOR | <input type="checkbox"/> EXCESSIVE ABSENCES | <input type="checkbox"/> HOMICIDAL |
| <input type="checkbox"/> DEFIANT BEHAVIOR | <input type="checkbox"/> MENTAL HEALTH | <input type="checkbox"/> BCOP (BEYOND CONTROL OF PARENT) |
| <input type="checkbox"/> FIGHTING | <input type="checkbox"/> FAMILY | <input type="checkbox"/> EXCESSIVE REFERRALS |
| <input type="checkbox"/> BEHAVIORAL | <input type="checkbox"/> SUSPENSION(S) | <input type="checkbox"/> SUBSTANCE ABUSE |
| <input type="checkbox"/> OTHER: _____ | | |

PARENT/GUARDIAN NAME: _____

PHONE: _____

ADDRESS: _____

YOUTH ESL (ENGLISH SECOND LANGUAGE) Y N SPECIFY: _____

PARENT ESL (ENGLISH SECOND LANGUAGE) Y N SPECIFY: _____

DOES STUDENT HAVE AN IEP? 504 PLAN? Y N SPECIFY: _____

DOES (S)HE RECEIVE SUPPORT SERVICES? Y N SPECIFY: _____

IS STUDENT INVOLVED IN SARB/CARB OR TRUANCY COURT? Y N SPECIFY: _____

DID REFERRAL PARTY DISCUSS REFERRAL FOR ASSESSMENT WITH PARENT/GUARDIAN? Y N SPECIFY: _____

PARENTS GIVE PERMISSION TO HAVE JAC STAFF INITIATE CONTACT? Y N SPECIFY: _____

IS THE DEPARTMENT OF HUMAN SERVICES INVOLVED? Y N SPECIFY: _____

ADDITIONAL COMMENTS / SPECIAL REQUESTS:

YOU WILL BE NOTIFIED IF THE FAMILY YOU HAVE REFERRED DOES NOT MAKE AN APPOINTMENT WITHIN TWO WEEKS.

REFERRING PROFESSIONAL: _____

TITLE: _____

REFERRING ENTITY: _____

PHONE: _____

CONTACT EMAIL: _____