The Juvenile Assessment Center

 community assessment program

 MAIN LOCATION: 9700 E. Easter Ln. │ Centennial, CO 80112 │ 720-213-1320

SCHOOL PROFESSIONAL REFERRAL FORM

Referral Date: Click or tap to enter a date.

Youth’s School: Click or tap here to enter text. Grade: Click or tap here to enter text.

Youth’s Name: Click or tap here to enter text. DOB: Click or tap to enter a date. Gender: M[ ]  F[ ]

# Please check any of the following issues that apply:

[ ] peer conflicts [ ] mental health [ ] bcop (beyond control of parent)

[ ] attendance [ ] family [ ] running away

[ ] academic performance [ ] suicidal [ ] gang involvement

|  |  |  |
| --- | --- | --- |
| [ ] Suspensions | [ ] Homicidal  | [ ] Other: Click or tap here to enter text. |
| [ ] expulsion(s)  | [ ] violence/aggression |

[ ] behavioral referrals [ ] substance use

Parent/Guardian Name: Click or tap here to enter text. relation to youth: Choose an item.

|  |  |  |
| --- | --- | --- |
| Address: Click or tap here to enter text.  | phone: Click or tap here to enter text.  | Cell [ ]  Home [ ]  |

 Click or tap here to enter text. email: Click or tap here to enter text.

|  |  |
| --- | --- |
| What language does youth speak?  | Specify |

what language does parent/guardian speak? Specify

Does Student have an IEP or 504 Plan? \*\****please specify\*\****  Y[ ]  N[ ] : Specify

Does (s)he receive support services or a part of the MTSS process? 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:**

Click or tap here to enter text.

**parents/guardians can also call us at 720-213-1320 to schedule an appointment**

Referring Professional: Click or tap here to enter text.

Title: Click or tap here to enter text.

Referring Entity: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Contact Email: Click or tap here to enter text.

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