

STUDENT REFERRAL (2014-15)

STUDENT NAME _____
(First) (Middle) (Last) (Preferred)

BIRTHDATE: ___/___/___ Gender: **M / F** STUDENT ID# _____

Hispanic/Latino: **Y / N / Unknown**

RACE: A. Indian or Alaskan Native / Asian / Black / Native Hawaiian or Pacific Islander/ White / Unknown

Does Client speak English **Y / N** Primary Household language _____

ADDRESS _____ Zip Code _____

Referral Received Date _____ Referral Initiated Date _____

Contact Date _____ Program Intake Date _____

Is there DJJDP Involvement **Y / N** Is Participation Court Ordered **Y / N**
Is Participation Part of a Diversion Contract **Y / N**

REFERRAL SOURCE: Clergy / District Court / DJJDP / DSS / Mental Health
Juvenile Court / School / Mental Health / Multi-purpose Home / Other /
Law Enforcement / Parent/Guardian / School / Self / School Resource Officer /
Superior Court / Teen Court / YDC

PROBLEM BEHAVIORS: **Academic Failure** / Assault or Aggressive Behavior
Excessive dependence on parents / Feelings of Anxiety / Fire Setting / Gang Association
Gang Involvement / Negative Peer Associations / Other / Physical or Mental abuse
Poor Social Skills / Prostitution / Runaway / **School Behavior Problems** / Self Mutilation
Sexual Abuse / Sexual Activity / Stealing / Substance abuse / Suicide Threats /
Temper Tantrums / **Truancy** / Withdrawn or Depression

PREVIOUS ADMISIONS: 1 2 3 4 5 6

LIVING ARRANGEMENTS: Both Parents / Divorced Parents / Father only
Mother only / Grandparents / Step Parent / Other / Residential Placement

EDUCATION LEVEL: 6 7 8 9 10 11 12

SCHOOL ATTENDANCE: Attending regularly / Attending sporadically

Does the client have an IEP : Y / N / Unknown

CURRENT LEGAL STATUS: No DJJDP Involvement / Committed

Adjudicated Delinquent Disposition Pending / Court Counselor Consultation

Deferred Prosecution / Diversion Plan-Contract / Petition Filed / Post Release Supervision

Probation / Protective Supervision / Unknown

PREVIOUS 12 MONTHS: (ONE YEAR BACK FROM REFERRAL DATE)

Run Aways _____ unknown _____

#Short Term Suspensions _____ unknown _____

#Long Term Suspensions _____ unknown _____

#Expulsions _____ unknown _____

PROGRAM INFORMATION

PARENT(S)/GUARDIAN(S) _____

TELEPHONE # _____

REASON FOR REFERRAL: (risk of academic failure) (social problems)
(home behavior problems) (school behavior problems)

Other: _____

TYPE OF SERVICES REQUESTED _____

SERVICE STRATEGY AND PROVIDERS _____

ADDITIONAL INFORMATION OR COMMENTS:

APPROVED: _____ DATE _____