

5/10/10

Date _____

YESS REFERRAL INFORMATION

Student Name _____ DOB _____ Age _____ Grade _____

Caseworker DCFS / JJS _____ Phone _____

Agency _____ Tracker _____ Phone _____

Foster/Proctor/Parent: _____ Phone _____

Address _____ School _____

Email: CW _____ FP _____

Email: Other _____

School: _____ Grade _____ Year _____ School: _____ Grade _____ Year _____

School: _____ Grade _____ Year _____ School: _____ Grade _____ Year _____

Special Education: Yes No File Location _____ Date Requested _____

Classification: _____ Contact name _____ Phone _____

What was the first language the student learned to speak?	_____
What is the language spoken most often by the student?	_____
What is the language most often spoken in the home?	_____
What language should the school use in written notices to your home?	_____

STUDENT ISSUES

- | | |
|---|---|
| <input type="checkbox"/> AGGRESSION / ASSAULT | <input type="checkbox"/> RUNNING AWAY |
| <input type="checkbox"/> ANGER MANAGEMENT | <input type="checkbox"/> SAFE SCHOOL VIOLATION |
| <input type="checkbox"/> AUTHORITY PROBLEMS | <input type="checkbox"/> _____ |
| <input type="checkbox"/> CRIMINAL CHARGES | <input type="checkbox"/> SEXUAL OFFENSES / ISSUES |
| <input type="checkbox"/> _____ | <input type="checkbox"/> SUBSTANCE ABUSE |
| <input type="checkbox"/> GANG INVOLVEMNT | <input type="checkbox"/> SUICIDE ATTEMPT / THOUGHTS |
| <input type="checkbox"/> DEPRESSION | <input type="checkbox"/> SELF HARM |
| <input type="checkbox"/> ANXIETY | <input type="checkbox"/> TRUANCY |
| <input type="checkbox"/> MEDICATIONS _____ | <input type="checkbox"/> VICTIM OF ABUSE |
| <input type="checkbox"/> _____ | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> PEER RELATIONS | _____ |

STRENGTHS / INTERESTS

English _____ Math _____ Science _____ History _____ PE _____ Art _____ Tech _____ Career Interest _____

ACADEMIC LEVELS / READING/ SPECIAL NEEDS

SCHOOL PLACEMENT AT: _____