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 Last updated 10/18/18

REFERRAL FORM

This form must be completed in full, signed and dated before placement consideration is made.

Date: _____

Youth's Name: _____

Youth's SSN#: _____ DOB _____ Age _____ M/F ____ Race _____

Youth's Address: _____

Parent's/Guardian's Name: _____ Email _____

City _____ State _____ Zip _____

Contacts: Home Phone _____ Cell Phone _____

Work & Phone _____ / _____ email _____

With whom does youth reside? _____

If youth resides with someone other than the parent/guardian please provide name, address and contact telephone numbers:

Reason for referral: (please mark each that apply) academic failure truancy issues social distress
 emotional distress substance abuse smaller class sizes psychological trauma
 conduct disorder teen pregnancy anxiety disorder family conflict low commitment to school

Details

Testing: Global Scholar – Math _____ Reading _____ Date Tested: _____

Please send testing results with referral if available.

Has youth ever been referred to Early Warning? YES () NO ()

Attendance this school year: days on roll (____) unexcused absences (____) tardies (____) parent notes (____)

*****Please attach attendance profile**

Does youth agree to this referral? YES () NO ()

Does parent/guardian agree to the referral? YES () NO ()

Is youth receiving any special education services? YES () NO ()

Has youth been referred for PST/TRI/BIP? YES () NO ()

(If yes, to either of the above two questions attachment 1 **MUST** be completed)

Is youth involved with Juvenile Court Services? YES () NO ()

(If yes, attachment 2 **MUST** be completed)

Is youth involved with other Human Service Agencies? YES () NO ()

If yes, please specify: _____

Has there been any psychological evaluation: YES () NO ()

If yes, by whom? For what purpose? _____

Last school attended: _____ When _____

School address: _____ Phone # _____

Current grade placement: _____ Last date of attendance: _____

Total number of credits earned: _____ Needs what grade level(s) _____

Referral source: _____ Title: _____

Signature: _____ Date: _____

Contact # _____ Email _____

*Incomplete, unsigned or undated referral forms will not be processed.

*****Please send most recent progress reports, report card, transcript, attendance profile and disciplinary profile, as well as IEP or BST referral paperwork**

For DAY Program Staff use:

Date received: _____ Date processed: _____

Notes: _____

ATTACHMENT 1

(Special Education)

Is youth receiving special education services at this time? YES () NO ()

Has youth received special education services in the past? YES () NO ()

Is student's IEP current and active? YES () NO ()

Has the special education teacher been consulted? YES () NO ()

Does the Special Education Team agree to the referral? YES () NO ()

Please list exceptionality (ies): _____

Please provide effective dates of current IEP. Beginning: _____ Ending: _____

Has child been referred to PST/RTI/BIP? YES () NO ()

Is child currently on PST/RTI/BIP? YES () NO ()

List actions or procedures used with student when implementing the RTI/PST/BIP/IEP:

*****If available, please include: PST/RTI/BIP/IEP plans.**