



Phone: 205.664.1600

kathy.miller@thedayprogram.com

Fax: 205.664.2306

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 _____

Youth's Address: _____

Parent's/Guardian's Name: _____

Parent's/Guardian's Address: _____

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: _____

Testing: Global Scholar – Math _____ Reading _____ or SMI _____ SRI _____

Date Tested: _____



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

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: _____

Referral source: _____ Title: _____

Signature: _____ Date: _____

Contact # _____ Email _____

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

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.



ATTACHMENT 2 (Juvenile Court Services)

Probation status:

Probation officer: _____ Phone _____ Cell _____

Types of charges: (Please check all that apply)

DRUGS:

- Possession
- Abuse
- Dealing

WEAPONS:

- Possession
- Use

FIGHTING:

ASSAULT:

- Peers
- Family
- Teachers
- Other Please specify:

VIOLENT OUTBURSTS:

- Home
- School
- Teacher
- Other Please specify:

IN-HOUSE ARREST: YES () NO ()

SUSPENDED COMMITMENT: YES () NO ()

PREVIOUS D.Y. S. COMMITMENT: YES () NO () Please specify:

SUICIDE ATTEMPT(S): YES () NO ()

Indicate any Court involvement. List active, pending and/or disposed cases.

