



For questions please call
Phone: 205-664-1600
Please e-mail referral to
lucy.mosley@thedayprogram.com
P.O. Box 1811
Alabaster, AL 35007
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: _____ State ID Student # _____

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

School Lunch Code Status: _____

Youth's Address: _____

City _____ Zip _____

Parent's/Guardian's Name: _____

Parent Contact: Cell Phone _____ Other: _____

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 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 ()

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? _____

Current school: _____ Enrolled on: _____

School address: _____ Phone # _____

Current grade placement: _____ Total number of credits earned: _____

Needs what grade level(s) _____

Referral source: _____ Title: _____

School Name: _____

Signature: _____ Date: _____

Contact # _____ Email _____

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

****Please attach most recent progress report, report card, transcript, and disciplinary profile, as well as IEP or BST referral paperwork.**

ATTACHMENT 1

(Special Education Information-Confidential)

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:

*****please include: PST/RTI/BIP/IEP plans.*****