Child & Adolescent School Referral Form

Referring Person's Name: _____ Date of Referral: _____

Agency/Business: _____ Phone: _____

What is your relationship to the child? (Teacher, counselor, etc.) _____

Reason/Concerns for Referral? Are specific services being requested?

Insurance: ☐ Private/commercial insurance ☐ Public insurance (Medicaid, etc.) ☐ No insurance

CHILD'S INFORMATION

Child's Full Name: _____ DOB: _____ Sex: _____

Home Address: _____ City: _____ Zip: _____

Grade Level: _____

CHILD'S MEDICAL HISTORY

Behavioral difficulties: ☐ Physical aggression ☐ Verbal aggression ☐ Other (please specify): _____

Current diagnoses if known: _____

Treatment and medication history: _____

RESPONSIBLE PARTY

Parent/Guardian: _____ Relationship: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

SCHOOL BACKGROUND INFORMATION

Has the child ever been referred to the Child Find pre-referral? ☐ Yes (attach child study minutes) ☐ No

Does the child have any academic/behavioral/social difficulties at school? ☐ Yes (check applicable) ☐ No

☐ Attendance	☐ Harassment	☐ Reading
☐ Attention	☐ Math	☐ Speech/Language
☐ Autism Spectrum Disorder	☐ Organization	☐ Substance Use
☐ Bullying	☐ Peer Relations	☐ Writing
☐ Depression/Anxiety	☐ Poor Grades	☐ Other concerns (please specify):
		_____

Please check below if the child receives any special services?

☐ Math Specialist	☐ Reading Specialist	☐ School Social Worker	☐ Other (please specify):
☐ Occupational Therapy	☐ School Counselor	☐ Speech Therapy	_____
☐ Physical Therapy	☐ School Psychologist	☐ Student Advancement Coach	

Has the child ever received any school testing?

(Psychological, individual educational achievement, special education, etc.) ☐ Yes ☐ No

If yes, which testing assessments were used? _____

☐ IEP (Category: _____) ☐ 504 (Disability: _____)

SCHOOL CONTACT

Who is the best person at the school to speak to regarding the child?

Name: _____ Position/Title: _____

Phone: _____ Best day/time to contact: _____

Comments:

Fax the referral form along with a Release of Information form signed by the parent/guardian to Colonial Behavioral Health at 757-253-4018.