School Based Youth Services

Student Referral Form - CONFIDENTIAL

If you know a student that you would like to refer please complete the following information and give to a staff member, we are located in room # 33

Once you complete this referral form, please submit via:

In-person to Room # 33 *or* *E-mail: hwoodard@pgcpschools.org*

Please provide the following information: ***Date of Referral:*** _____

Person making referral: _____ *Title/Relationship to Student:* _____

Phone Numbers (s) that we can contact you: *Best time to contact you:* _____

Student's Name: _____ *Sex:* *Date of Birth:*_____ *Age:* _____ *Grade:* _____

What type of services do you potentially think would benefit this student? (Please indicate all applicable services):

- ☐ *Individual Therapeutic Counseling*
- ☐ *Group Therapeutic Counseling*
- ☐ *Individualized Employment and Job Readiness Services*
- ☐ *Pregnancy Prevention Services*
- ☐ *Social Skills Assistance and Development (Self-esteem, Healthy Youth Development)*
- ☐ *Preventative Health Services (STD, HIV, and Family Planning)*
- ☐ *Self-sufficiency and Life Skills (Money Management, Housing Assistance, College Prep)*
- ☐ *Learning/Academic Support Services*
- ☐ *Referrals for Supportive Services*
- ☐ *Recreational Activities*
- ☐ *Substance Abuse Counseling*
- ☐ *Family Involvement*
- ☐ *Behavioral Management Intervention*
- ☐ *Other:* _____

Reason for referral (please provide as much detailed information as possible):

Is student aware that he/she is being referred for services? ☐ *Yes* ☐ *No**
**If NO, we ask that you please advise student that he/she have been referred to our program.*

Is the parent/guardian of this student aware that they are being referred for services? ☐ *Yes* ☐ *No*

PHS Administrators ONLY: is this a mandated case? ☐ *Yes** ☐ *No*
**If YES, please specify the terms of the mandate (i.e. required frequency of the meetings/interactions and suggested date of completion:* _____

PROGRAM USE ONLY

*Received by Staff (Name):*_____ *Date:* _____

- ☐ *Consent Issued (Date)* _____
- ☐ *Parent(s)/Guardian(s) Present* ☐ *Yes or No* ☐
- ☐ *Class Schedule Attached*
- ☐ *Consent Received (Date)* _____
- ☐ *Entered into MIS (Date)* _____
- ☐ *Received by Program Director* _____

Staff Assigned: _____ *Note: 24-hour follow-up provided to student*