UNION DAY THERAPEUTIC SCHOOL

School Referral Form

PLEASE PRINT			
Referral Date:		Child Name:	
Child Address:			
Gender:	Age:	D.O.B:	SSID#:
PARENT / GUARDIAN			
Mother:		Email:	
Address:			
City:	State:	Zip:	
Home #:	Cell #:	Work #:	
Father:		Email:	
Address:			
City:	State:	Zip:	
Home #:	Cell #:	Work #:	
Type of Custody (please check):			
Two Biological Parents ☐	Adoptive Home ☐	Natural/Stepparent ☐	
Foster Home (CPS Custody) ☐	Single Parent Home ☐	Court Ordered ☐	Other ☐
Person Child Resides with / Foster Parent / Relative Information			
Name:		Relationship:	
Address:			
City:	State:	Zip:	
Home #:	Cell #:	Work #:	
Legal Custodian of client:		Email:	
School Information Needed			
School Grade:		School Attending:	
Copy of the IEP and ETR (most recent)		Copy of any informal behavior plans, FUBA's & BIP's	
Most recent testing scores Free & Reduced Lunch – **YES** or **NO**		All incident reports, discipline referral from **ALL** prior settings	
Copy of the students High School Transcripts (If in high school)		Days Suspended -	
Child's Education Program/Type (check one):			
Autism ☐	ED (Emotional Disturbed) ☐	LD (Learning Disabled) ☐	
Hearing Impaired ☐	Visually Impaired ☐	MH (Multi-Handicapped) ☐	
IH (Intellectually Handicapped) ☐	Orthopedically Handicapped ☐	Other or Not Identified ☐	
Other Human Service Agencies Involved with Client (please check):			
CPS / DJFS ☐	MR / DD ☐	DYS ☐	
Health ☐	Juvenile / Family Court ☐	Other:	
Client Payer Source (specify):			
Medicaid:	Insurance:	Other:	

Medical Problems / Allergies: _____

_____

Presenting Problem in the school (include why the student is not able to be maintained in the regular school environment):

_____

_____

Presenting Problems at home: _____

_____

Presenting problems in the community: _____

_____

Previous/Current services (e.g. outpatient counseling, drug/alcohol treatment, school-related services, juvenile court diversion):

_____

_____

Psychiatric Hospitalizations (please include dates and reason for hospitalization): _____

_____

Strengths (child and family): _____

_____

Barriers to service success (e.g. financial arrangements, family support, transportation, individual client issues, school status):

_____

_____

_____ _____

Referral Signature & Title **Date**

(This referral form gives Union Day permission to assess and evaluate the students for possible placement at Union Day. This does not guarantee acceptance into the Program. Union Day will contact both the district and the parent/guardian after Phase 1 has been completed to discuss the results of Phase 1 and next steps.)