

UNION DAY THERAPEUTIC SCHOOL

School Referral Form

PLEASE PRINT

Referral Date:	Child Name:
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Child Address:

Gender:	Age:	D.O.B:	SSID#:
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PARENT / GUARDIAN

Mother:	Email:
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Address:

City:	State:	Zip:
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Home #:	Cell #:	Work #:
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Father:	Email:
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Address:

City:	State:	Zip:
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Home #:	Cell #:	Work #:
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Type of Custody (please check):

Two Biological Parents <input type="checkbox"/>	Adoptive Home <input type="checkbox"/>	Natural/Stepparent <input type="checkbox"/>
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Foster Home (CPS Custody) <input type="checkbox"/>	Single Parent Home <input type="checkbox"/>	Court Ordered <input type="checkbox"/>	Other <input type="checkbox"/>
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Person Child Resides with / Foster Parent / Relative Information

Name:	Relationship:
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Address:

City:	State:	Zip:
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Home #:	Cell #:	Work #:
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Legal Custodian of client:	Email:
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School Information Needed

School Grade:	School Attending:
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Copy of the IEP and ETR (most recent)	Copy of any informal behavior plans, FUBA's & BIP's
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Most recent testing scores	All incident reports, discipline referral from ALL prior
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Free & Reduced Lunch – YES or NO	settings
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Copy of the students High School Transcripts (If in high school)
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Child's Education Program/Type (check one):

Autism <input type="checkbox"/>	ED (Emotional Disturbed) <input type="checkbox"/>	LD (Learning Disabled) <input type="checkbox"/>
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Hearing Impaired <input type="checkbox"/>	Visually Impaired <input type="checkbox"/>	MH (Multi-Handicapped) <input type="checkbox"/>
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IH (Intellectually Handicapped) <input type="checkbox"/>	Orthopedically Handicapped <input type="checkbox"/>	Other or Not Identified <input type="checkbox"/>
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Other Human Service Agencies Involved with Client (please check):

CPS / DJFS <input type="checkbox"/>	MR / DD <input type="checkbox"/>	DYS <input type="checkbox"/>
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Health <input type="checkbox"/>	Juvenile / Family Court <input type="checkbox"/>	Other:
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Client Payer Source (specify):

Medicaid:	Insurance:	Other:
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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.)