

Office Use Only:

Date of Admission:	Clinical Counselor:	
Funding Source:	Case Number:	Faxed:

NEW LIFE YOUTH AND FAMILY SERVICES TRUANCY PROGRAM REFERRAL INFORMATION

Student:			Date of Referral:
Address:			Referral Source:
City/State/Zip			Referral Source Email:
Phone Number:			Referral Source Phone Number:
Student DOB:	Gender:	Race:	Referral Source Address:
Student Social Security:			Fax Number:
Parent/Legal Guardian:			Has a citation(s) been filed?
Parent Phone Number:			If so, date filed?

Reason for Referral:

PRESENTING CONCERNS:

ATTENDANCE:

LATENESS:

Current School Year:	Current School Year:
Days Absent Unexcused:	Days Tardy Unexcused:
Days Absent Excused:	Days Tardy Excused:
Total Days Absent :	Total Days Tardy:
# of Days school in session:	

Is there past history of truancy in prior school year? Yes No
Comments:

Is there past history of tardies in prior school year? Yes No
Comments:

STUDENT: _____
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DATE: _____

ACADEMIC:

School:		Guidance Counselor:
Current Grade:		
Past Retentions:	Academic Performance (circle one):	
Current IEP:	Classification:	

BEHAVIORAL:

# of Detentions in Current School Year:	Reason(s):
# of Suspensions in Current School Year:	Reason(s):
# of In-School Suspensions in Current School Year:	Reason(s): cutting school

OTHER AGENCY INVOLVEMENT:

ORGANIZATION	ADDRESS	CONTACT	PHONE	REASON

OTHER CONCERNS:

	Yes	No	Unknown	COMMENTS
MENTAL HEALTH				
SUICIDE IDEATION OR ATTEMPT(S)				
MEDICAL				
FAMILY CONFLICTS				
ABUSE / NEGLECT				
PEER CONFLICTS				
LEGAL ISSUES				
AGGRESSION				
WEAPON USE				
OUT OF HOME PLACEMENT				
OTHER				