



**School Based Services  
INQUIRY AND REFERRAL FORM**

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**I. To be completed by referring agency/personnel**

**REFERRAL INFORMATION**

Youth Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Home Room Teacher: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Phone (H): \_\_\_\_\_  
 Address (if available): \_\_\_\_\_ Phone (W): \_\_\_\_\_

**INQUIRY/PERSON REFERRING:** \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Date completed: \_\_\_\_\_

**PROBLEM BEHAVIOR CHECKLIST: PLEASE CHECK APPROPRIATE BOXES BELOW**

<input type="checkbox"/> Loses temper	<input type="checkbox"/> Destroys property	<input type="checkbox"/> Fidgets and squirms	<input type="checkbox"/> Fears/worries
<input type="checkbox"/> Often argues	<input type="checkbox"/> Fights (hits/kicks/bites)	<input type="checkbox"/> Overactive/restless	<input type="checkbox"/> Physical Complaints
<input type="checkbox"/> Defiant/noncompliant	<input type="checkbox"/> Stealing/theft	<input type="checkbox"/> Intrudes/interrupts	<input type="checkbox"/> Possession of substances
<input type="checkbox"/> Teases/provokes	<input type="checkbox"/> Truancy	<input type="checkbox"/> Impatient w/ others	<input type="checkbox"/> Intoxication
<input type="checkbox"/> Touchy/easily annoyed	<input type="checkbox"/> Easily distracted	<input type="checkbox"/> Withdraws/isolates	<input type="checkbox"/> Drug Paraphernalia
<input type="checkbox"/> Lies/manipulates	<input type="checkbox"/> Doesn't listen	<input type="checkbox"/> Sad/Tearful	<input type="checkbox"/> Academic problems
<input type="checkbox"/> Intimidates/bullies	<input type="checkbox"/> Little follow through	<input type="checkbox"/> Irritable	<input type="checkbox"/> Change in friends
<input type="checkbox"/> Verbally abusive	<input type="checkbox"/> Disorganized	<input type="checkbox"/> Mood swings	

**OTHER CONCERNS:**

**Has Parent/Guardian been contacted by School Personnel about SBS services** Yes  No

**Signature of Principal or Designee**

**Date**

**PRIORITY RATING SCALE:**

- Youth may become at risk of self-harm or harm to others.
- Youth requires support for transition from intensive out-of-home or community-based services
- Youth meets the serious emotional disturbance criteria.
- Youth has not responded to positive behavior interventions and supports (PBIS).
- Youth is not attending school due to the mental health condition of the youth.

**Signature of SBS Program Therapist**

**Date Received**

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**Signature of Parent/Guardian**

**Date**

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**Signature of Principal or Designee once Accepted or Declined**

**Date**

**(YBGR TEAM:** Please indicate your team number: \_\_\_\_\_ (i.e. Orchard team 21). Please use backside of form for notes regarding contacts/attempts with the family)