

ALDRSGATE SERVICES
STUDENT ASSISTANCE PROGRAM
SCREENING REFERRAL FORM
COMPLETE ALL FIELDS *EXCEPT ITALIC AREAS*

PLEASE SUBMIT SCREENING AND ASSESSMENT PERMISSIONS IE RELEASES (2) AND ASSESSMENT REFERRAL FORM

DATE OF REFERRAL BY SCHOOL:		Date Parent Contacted by AYSB:		Referral Taken By:	
Other Contact Attempts by AYSB:			AGE:	DOB:	
STUDENT NAME:			SEX (M/F/T):	ETHNICITY (see below):	
SCHOOL DISTRICT:			1=White 2=Black 3=Hispanic 4=Asian 5=Am.Indian 6=Other		
SCHOOL:			GRADE:		
SPECIAL ED?: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ES <input type="checkbox"/> LS <input type="checkbox"/> IEP		TECH SCHOOL?: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> FT <input type="checkbox"/> PT			
REFERRED BY:			TITLE:		
PHONE:			EMAIL:		
PARENTS/GUARDIANS:					
Name: _____		Relationship to Student: _____		Phone: _____ Email: _____	
Name: _____		Relationship to Student: _____		Phone: _____ Email: _____	
HOME ADDRESS:					
STUDENT LIVES W/ <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER (Specify):					
LEGAL GUARDIAN if not parent:			Custody Concerns?:		
REASON(S) FOR REFERRAL: (**) please note primary reason					
Concerns per referral source:			Concerns per family source:		
ACADEMIC			ACADEMIC		
ATTENDANCE			ATTENDANCE		
BEHAVIOR/STRESSORS			BEHAVIOR/STRESSORS		
HEALTH			HEALTH		
PRIOR ASSESSMENT? <input type="checkbox"/> Y If yes, date?: _____ <input type="checkbox"/> N					
DISCIPLINARY ACTION <input type="checkbox"/> Y If yes, date?: _____ <input type="checkbox"/> N					
JUVENILE JUSTICE CONTACT <input type="checkbox"/> Y If yes, date?: _____ <input type="checkbox"/> N					
PRIOR INTERVENTIONS (specify dates and summary of intervention):					
Permission/Release Forms Attached or Verbal Permission Obtained (circle one) Signature _____ Date _____					
AYSB STAFF APPOINTMENT DATE:		TIME:		ASSESSOR INITIALS:	
NO SHOW	CANCELLED	RESCHEDULED	DATE SEEN:		