|  |  |
| --- | --- |
| Description: Description: FinalESDlogo2 | ***1601 R Avenue***  ***Anacortes, WA 98221***  *Behavioral Health Services*  *Office Telephone: 360-299-4017*  *Office FAX: 360-299-4005* |

**Child Behavioral Health Services**

**Referral Form**

**Student Name:**       **Gender:**

**DOB:**       **Age:**       **Grade:**

**School District:**       **School:**

**Teacher:**       **Phone number:**

**School Counselor:**       **Phone number:**

**Parent/Legal Guardian Name:**

**Relationship to Student/Client:**

**Address:**

**Home Phone:**       **Cell/Other Phone:**

**Is Child’s Primary Language English:**  **Yes**  **No**

**Child’s Other Language(s):**       **Other** **Language(s) Spoken in Home:**

**DEMOGRAPHICS AND REFERRAL**

**Ethnicity:** (check all that apply)

Asian/Pacific Islander  Latino/Hispanic  Caucasian/White

Black/African American  American Indian  Russian/Ukranian

Other (Specify):

**Living Situation:** (check one)

Both parents  Foster Care  Partnered Adults

Parent and Stepparent  Alone or with Friends  Unknown

Single Parent  Other Out of Home Placement  Other (Specify):

Relatives

**Participating in Special Program:** (check all that apply)

English Language Learner (ELL)  Local Program  Head Start/Early Head Start

Special Education  McKinney-Vento  Free/Reduced Lunch

Title I or Learning Assistance  504  Migrant

Program (LAP)  Gifted  Other (Specify):

**Reason(s) for Referral:** (one or more must be checked)

Poor Attendance  Low Interest in School  Early Intervention

Academic Problems  Developmental Delay (must have at least one

School Behavior Problems  Kindergarten Readiness additional reason below)

**Additional Reasons:** (check all that apply)

Limited English Proficiency  Family Basic Needs  Homeless

Health Needs for Child  Family Violence  Substance Abuse Issues

Reported Physical/Sexual Abuse  At Risk of Being Homeless  Developmental Concerns

Mental Health Needs  Other (Specify):

**NEEDS ASSESSMENT**

**Social/Emotional:** (check all that apply) **or**  *No Identified Need in this Area*

Behavioral Problems  Family Violence

Parenting  Other Mental Health Concerns

Emotional Problems  Physical Abuse/Sexual Abuse/Neglect

Substance Abuse  Other – Please Describe:

**Cultural Factors:** (check all that apply) **or**  *No Identified Need in this Area*

Language  Family Customs/Beliefs

Literacy  Cultural Approach to Help-Seeking/Acceptance

Communication with School/Other Professionals

Other – Please Describe:

**GLE TEACHER RATING FORM - INTIAL**

Utilizing the Grade Level Expectations (GLEs) for this child’s current grade placement, please check the appropriate box for EACH of the outcomes below.

For assistance with the GLEs, please consult: <http://www.k12.wa.us/ealrs/default.aspx>

|  |  |  |  |
| --- | --- | --- | --- |
| **Mathematics** | **Below Standard** | **Meets Standard** | **Not Observed** |
| 1. The student understands and applies the concepts and procedures of mathematics: |  |  |  |
| 2. The student uses mathematics to define and solve problems: |  |  |  |
| 3. The student mathematical reasoning: |  |  |  |
| 4. The student communicates knowledge and understanding in both everyday and mathematical language: |  |  |  |
| 5. The student understands how mathematical ideas connect within mathematics, to other subject areas, and to real-life situations: |  |  |  |
| **Reading** | **Below Standard** | **Meets Standard** | **Not Observed** |
| 1. The student understands and uses different skills and strategies to read: |  |  |  |
| 2. The student understands the meaning of what is read: |  |  |  |
| 3. The student reads different materials for a variety of purposes: |  |  |  |
| 4. The student sets goals and evaluates progress to improve reading: |  |  |  |

**Attendance (past 90 days)**

**Number of Excused Absences:**       **Number of Unexcused Absences:**

**Number of Times Tardy:**

**Comments:**

**Discipline (past 90 days)**

**Number of Suspensions:**       **Number of Expulsions:**

**Number of Discipline Referrals:**

**Comments:**

**Reason for Referral: Please briefly state Behavioral, Family, Social, Emotional, Academic and other concerns/needs. Include other services Child/Family Currently Receiving (e.g. IEP, 504, DSHS)**

**Desired Outcome(s):**

**Parent/Guardian contacted regarding this referral?  Yes  No**

**Informed Consent Form completed and attached?  Yes  No**

**Insurance information:  Medicaid  Private Insurance  None  Unknown**

**Note: This program is for those who are not Medicaid or Insurance eligible. If this student/client is eligible for Medicaid or Insurance, describe barriers to service or other special needs in the “Other Information” section below.**

**Other information:**

**Name, contact information, signature of referent:**

Referent’s Signature Date Referent’s Agency

Referent’s Printed Name Referent’s Phone Number