|  |  |
| --- | --- |
| 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