

RESPONDER REFERRAL

1. Name of Child _____

2. School _____ 3. Grade _____ 4. IEP? Yes No

5. Name of Teacher/Staff Making Referral _____

6. Telephone Number for Teacher/Staff _____

7. What is the best time for the Responder to contact you? _____

8. Name of Parent(s)/Guardian(s) _____

9. Telephone Number for Parent(s)/Guardian(s) _____

10. Are the parents aware of this referral? Yes No

11. If yes, who notified the parent? _____

12. What is the conduct that was the basis for the referral? Truancy Behavior Mental Health Other

Please Explain: _____

If referral is for truancy, how many days did youth miss prior to referral? _____

If referral is for behavior issues, did the youth receive an ISS or OSS? How many prior to referral? _____

Additional information _____

13. Were the police called regarding this event? Yes No

14. If yes, what is the name of Responding Officer? _____

15. Have the police been called previously for this youth? Yes No Unsure

16. Was a complaint filed with the Juvenile Court? Yes No Unsure

17. Does the child have previous/current Juvenile Court Involvement?

Yes No Unsure Name of Probation Officer if known _____

18. What agencies, if any, are currently providing services to the child/family?

18. What interventions were utilized by the school in dealing with the conduct described in Question 12?

19. Other information that might assist the Responder:

cc: School, Responder, Juvenile Court

RF# _____
Date of Referral: _____
For Juvenile Court Use Only