SERENDIPITY CENTER INC.
helping the pieces fit

Referral to Therapeutic School

We appreciate your referral and the effort needed to compile the required information. We hope that by having comprehensive information we are able to conduct screenings that are both individualized and efficient. The information you provide will also help obtain insight into ways to best serve students when they are enrolled.

When we have a complete referral packet we will contact you in less than one week to discuss the potential for a screening.

Date of referral _____

Referred by: (Name) _____

(District) _____ phone _____

Students name _____ D.O.B. _____

Parent/Guardian name _____

Address: _____

_____

Home phone _____ Work phone _____

Student ID numbers: ESIS _____ SSID _____ District ID _____

Parent/Guardian fluent in English? ❑ Yes ❑ No

If "no", what languages spoken? _____ Translator available? ❑ Yes ❑ No

Students current grade _____ special education eligibility _____

Name/phone number of educational surrogate, if applicable: _____

- DHS custody? ❑ Yes ❑ No If "yes", name/phone number of case worker: _____
  **DHS worker should attend the screening*
- Active juvenile Justice involvement? ❑ Yes ❑ No
  If "yes", name/phone number of court counselor: _____
  **Court counselor should either attend the screening or submit a status report*
- Is a Medicaid recipient? ❑ Yes ❑ No If "yes", Medicaid ID number must be provided: _____

Current/previous school placements and approximate length of time in each (most recent first): _____

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Please summarize the current event or circumstances leading to this referral: _____

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CONTINUES NEXT PAGE

Please indicate areas of concern regarding this student:

- ❑ History of non-attendance
- ❑ Academic deficits
- ❑ Physical aggression
- ❑ Verbal aggression
- ❑ Substance abuse: (❑ student ❑ family)
- ❑ Difficulty with peers
- ❑ Suicide talk/attempts
- ❑ Domestic violence
- ❑ Weapons
- ❑ Self endangering behaviors
- ❑ Medication concerns
- ❑ Home/family problems
- ❑ Gang affiliation/high risk of gang affiliation
- ❑ Sexual acting out
- ❑ History of suspensions
- ❑ Multiple school placements
- ❑ Recent hospitalization
- ❑ Recent or planned discharge from residential Or other treatment setting
- ❑ School phobia
- ❑ Other: _____

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Please send the following documents with this referral. The documents should provide chronological diagnostic and treatment information relating to the concerns noted above. If the records do not contain relevant information, please attach a narrative to provide additional information.

Documentation	Attached	N/A
• Current IEP.	❑	❑
• Eligibility statement	❑	❑
• Most recent academic/intellectual functioning assessment.	❑	❑
• Most recent psychological assessment	❑	❑
• Most recent psychiatric assessment, if available.	❑	❑
• Intake, discharge, and/or most recent treatment review *(For student in the hospital or treatment setting during the past two years)*	❑	❑
• Functional Behavioral Assessment/Behavior Support Plan	❑	❑
• Current (within the past 12 months) mental health assessment	❑	❑

Please indicate discharge criteria for this student:

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