



Serendipity Center Referral Application

Thank you for your interest in Serendipity Center's therapeutic school program. We ask that you provide comprehensive information as a part of this process, so that we can conduct screenings that are both individualized and efficient. When we have received a completed application, we will contact you within one week to discuss the potential for a screening.

****All fields must be completed for us to process a referral.****

District Information

Date of Referral: ___ / ___ / ___

Current School District: _____

District Representative: _____
(first) (last)

Phone: _____ Email: _____

Student Information

Student Name: _____
(first) (last)

Student DOB: ___ / ___ / ___ Current Grade: _____ Preferred Pronouns: _____

Student SSID: _____ SpEd Eligibility: _____

Student Suspension
Days to Date: _____

Student's Current
Attendance Rate: _____

Educational Surrogate? ___ Yes ___ No

Name: _____
(first) (last)

Phone: _____ Email: _____

Current / Previous School Placements

Please list current/previous school placements, starting with the most recent and working backwards. Please indicate the approximate length of stay for each placement.

Name of Placement:

Approximate Length of Stay:

1. _____

2. _____

3. _____

4. _____

5. _____

Areas of Concern

Please indicate the areas of concern regarding this student.

History of Non-Attendance

Weapons

Multiple School Placements

Academic Deficits

Self-Endangering Behaviors

School Phobia

Physical Aggression

Medication Concerns

Recent Hospitalization

Verbal Aggression

Home / Family Struggles

Recent Discharge / Plan to
Discharge from Residential /
Other Treatment Setting

Substance Misuse
(Student Family)

Gang Affiliation / High Risk
of Gang Affiliation

Property Damage

Difficulty with Peers

Sexual Acting Out
(Physical Verbal)

Other: _____

Suicide Talk / Attempts

Domestic Violence

Oppositionality

Elopement

History of Suspensions

(School Home)

Impulsivity / Attention Deficits

Please summarize the current event or circumstances that led to this referral:

Attached Documents

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

Documentation:	Attached	N/A
• Current IEP	<input type="checkbox"/>	<input type="checkbox"/>
• Eligibility Statement	<input type="checkbox"/>	<input type="checkbox"/>
• Functional Behavior Assessment / Behavior Support Plan	<input type="checkbox"/>	<input type="checkbox"/>
• Most recent Academic / Intellectual Functioning Assessment	<input type="checkbox"/>	<input type="checkbox"/>
• Most recent Psychological Assessment	<input type="checkbox"/>	<input type="checkbox"/>
• Most recent Psychiatric Assessment (if available)	<input type="checkbox"/>	<input type="checkbox"/>
• Intake & Discharge and/or most recent treatment review (for students in the hospital or treatment setting during the past 2 years)	<input type="checkbox"/>	<input type="checkbox"/>
• Current mental health assessment (within the past 12 months)	<input type="checkbox"/>	<input type="checkbox"/>
• Current transcript (high school students only)	<input type="checkbox"/>	<input type="checkbox"/>

What is the discharge criteria for this student?