



Connections for Families
 589 S Banner St, Room 131
 Elizabeth CO 80107



Rural Integrated Service Engagement
 Satellite Office - By Appointment Only
 465 First Avenue
 Limon CO 80828

www.connections4families.org

(303) 646.6778 (o) (720) 368.5221 (f)

SCHOOL PROFESSIONAL REFERRAL FORM

EMAIL TO THE COMMUNITY ASSESSMENT PROGRAM: riscreferral@connections4families.org

REFERRAL DATE:

YOUTH'S SCHOOL:

YOUTH'S NAME: DOB:

GRADE: GENDER: M F

PLEASE CHECK ANY OF THE FOLLOWING ISSUES THAT APPLY:

- | | | |
|--|---|--|
| <input type="checkbox"/> GANG INVOLVEMENT | <input type="checkbox"/> EXPULSION(S) | <input type="checkbox"/> VIOLENCE/AGGRESSION |
| <input type="checkbox"/> EXCESSIVE TARDINESS | <input type="checkbox"/> ACADEMIC PERFORMANCE | <input type="checkbox"/> SUICIDAL |
| <input type="checkbox"/> DISRUPTIVE BEHAVIOR | <input type="checkbox"/> EXCESSIVE ABSENCES | <input type="checkbox"/> HOMICIDAL |
| <input type="checkbox"/> DEFIANT BEHAVIOR | <input type="checkbox"/> MENTAL HEALTH | <input type="checkbox"/> BCOP (BEYOND CONTROL OF PARENT) |
| <input type="checkbox"/> FIGHTING | <input type="checkbox"/> FAMILY | <input type="checkbox"/> EXCESSIVE REFERRALS |
| <input type="checkbox"/> BEHAVIORAL | <input type="checkbox"/> SUSPENSION(S) | <input type="checkbox"/> SUBSTANCE ABUSE |
| <input type="checkbox"/> OTHER: | | |

PARENT/GUARDIAN NAME: PHONE:

ADDRESS:

YOUTH ESL (ENGLISH SECOND LANGUAGE) Y N SPECIFY:

PARENT ESL (ENGLISH SECOND LANGUAGE) Y N SPECIFY:

DOES STUDENT HAVE AN IEP? 504 PLAN? Y N SPECIFY:

DOES (S)HE RECEIVE SUPPORT SERVICES? Y N SPECIFY:

IS STUDENT INVOLVED IN SARB/CARB OR TRUANCY COURT? Y N SPECIFY:

DID REFERRAL PARTY DISCUSS REFERRAL FOR ASSESSMENT WITH PARENT/GUARDIAN? Y N SPECIFY:

PARENTS GIVE PERMISSION TO HAVE JAC STAFF INITIATE CONTACT? Y N SPECIFY:

IS THE DEPARTMENT OF HUMAN SERVICES INVOLVED?

Y N SPECIFY:

ADDITIONAL COMMENTS / SPECIAL REQUESTS:

YOU WILL BE NOTIFIED IF THE FAMILY YOU HAVE REFERRED DOES NOT MAKE AN APPOINTMENT WITHIN TWO WEEKS.

REFERRING PROFESSIONAL:

TITLE:

REFERRING ENTITY:

PHONE:

CONTACT EMAIL:

The Juvenile Assessment Center

AT THE FAMILY RESOURCE PAVILION

9700 E. Easter Ln. | Centennial, CO 80112 | 720-213-1320

