



Referral to School Based Youth Services

(Email to nhiers @capemaytech.com
or place form in a sealed envelope in the SBYS mailbox)

<u>Referral Date:</u>		<u>Student's Name:</u>	
<u>Grade:</u>		<u>Shop:</u>	

Underline the appropriate program: Shared Time Full Time Adult Classes
Is this student classified?

Concerns/Reason for Referral:

Student's Strengths, Interests, & other useful information:

What has already been tried:

Student is being referred for: (Place an X in the box)

<input type="checkbox"/>	Individual Counseling	<input type="checkbox"/>	Family Counseling	<input type="checkbox"/>	Group Counseling
<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>	Pregnancy/Std. info.	<input type="checkbox"/>	Sexuality
<input type="checkbox"/>	Recreation/Socialization	<input type="checkbox"/>	Life Skills	<input type="checkbox"/>	Mediation
<input type="checkbox"/>	Peer/domestic violence	<input type="checkbox"/>	Mood/Frustration/Stress	<input type="checkbox"/>	Self Harm
<input type="checkbox"/>	Info./Referrals for community resources & supports			<input type="checkbox"/>	Other

Person Completing Referral:

Relationship to student:

Have you spoken to the student about SBYS? Yes/ No Parents? Yes/No
If so, what was the response?

Do Not Write Below this line: (For SBYS staff only)

Referral source contacted on: _____ Method of contact: _____
Student contacted on : _____ Method of contact: _____
Appointment/ Follow up is scheduled for: Date: _____ Staff: _____

Staff receiving referral: _____