

Dane Hansen Youthville School AND Therapeutic Education Center

Referral Form

Revised 4/8/03

Instructions for completing form:

This referral form is comprised of three sections that need to be completed by three separate entities: the sending school, the mental health agency, and the parents/guardians. The referral form must be COMPLETELY filled out by each entity to be considered by the Alternative Education Screening Committee. Referral forms with items left blank will be returned for completion. The referring school/agency is to complete the "return address" portion at the top of each section. It is the responsibility of the referring school/agency to distribute each section of this form to the proper entity, collect the completed sections, and submit the entire, completed referral form to the following address:

Alternative Education Screening Committee
Attn: Referral Form
200 Comanche, Suite B
Dodge City, Kansas 67801
(620) 227-1617

Referring School/Agency

Student Name Social Security Number

Gender Date of Birth Age Grade

Parent/Guardian Relationship to child

Address City/State/Zip

Home Phone Work Phone Cell Phone

The student is being referred to TEC or Dane Hansen Youthville School

Person Referring Title

School/Agency Phone Date of Referral

Alternative Education Screening Committee Use

Date of Screening Committee meeting

Committee Members notified

Sending school personnel notified

Results: Admitted Discontinued Postponed Recommendations

Minutes sent to Committee and Sending School IEP date

Sending School Section

To be completely filled out by the sending school then returned to the school/agency that sent the form:

(Address of school/agency that sent form) School/Agency Name _____
Street Address _____
City/State/Zip _____
Phone _____
Contact Person _____

Student Name _____ Grade _____ IEP ___ Yes ___ No

If yes, percent/time in SpEd _____ Area of exceptionality _____

Principal _____ Sending School _____

Address _____ Phone _____ FAX _____

SpEd Instructor _____ School Psychologist _____

Person responsible for sending student materials: _____

Academic issues (attach supporting evidence including IEP)

Intervention strategies (attach supporting evidence)

School behavioral issues

Strategies and interventions to manage school behavioral issues

Social skills issues

Previous or current risk of injury to self or others

Other information to be considered (general education interventions, student improvement reports, etc.)

The Therapeutic Education Center (TEC) and Dane Hansen Youthville School (DHYS) begins the transition process back to the sending school the day the student is admitted to the program. The TEC/DHYS goal for the student is to assist him/her in getting his/her behavior to a manageable level. The sending school will specify the specific concerns leading to the referral as well as the behavior expectations for the student to return. Utilizing this information, the TEC/DHYS staff will prioritize the behaviors to be targeted for treatment and set transition goals. It is understood that TEC/DHYS staff will outline the transition timeline when the process begins. It is the sending school's responsibility to provide transportation after the first week of the transition timeline.

Please list in order of importance the specific concerns and behaviors that lead to the referral to TEC/DHYS.

1. _____
2. _____
3. _____
4. _____

Please list the behavioral expectations for the student to achieve while at TEC/DHYS.

1. _____
2. _____
3. _____
4. _____

Base Line		Transition Goal	
Frequency of occurrence of behaviors listed above		Transition goal for frequency of occurrence of behaviors	
Behavior	Quantitative Measure	Behavior	Quantitative Measure
1. _____	per _____	1. _____	per _____
2. _____	per _____	2. _____	per _____
3. _____	per _____	3. _____	per _____
4. _____	per _____	4. _____	per _____

Signature of person completing the form:

Name & Title

Date

Mental Health Agency Section

to be completely filled out by the mental health agency then returned to the school/agency that sent the form:

(Address of school/agency that sent form) School/Agency Name _____
Street Address _____
City/State/Zip _____
Phone _____
Contact Person _____

Student Name _____

Agency _____ Phone _____

Therapist _____ Case Manager _____

DSM IV Diagnosis

Axis I _____
Axis I _____
Axis II _____
Axis III _____
Axis IV _____
Axis V _____

Previous or current mental health treatment (attach copy of treatment plan if available)

Previous or current hospitalization(s) for mental health issues (attach copy of discharge if available)

Medications for mental health issues

History of abuse (physical, sexual, emotional)

History of neglect or inadequate supervision

Previous or current risk for injury to self or others

Social skills issues

Family mental health history

Previous or current home environment issues (parental: substance abuse; employment; etc.)

Previous or current court or legal issues

Previous or current substance abuse issues

Other pertinent information

Signature of person completing form:

Name & Title

Date

Parent/Guardian Section

to be completely filled out by the parent/guardian then returned to the school/agency that sent the form:

(Address of school/agency that sent form) School/Agency Name _____
Street Address _____
City/State/Zip _____
Phone _____
Contact Person _____

Student Name _____

Parent/Guardian _____ Parent _____ Foster Parents _____ Other _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Foster Care Contact Person _____ Title _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ Cell Phone _____

Behavioral issues at home

Behavioral issues at school

Medical history

Family mental health history

Developmental history, including pregnancy

Previous or current risk of injury to self or others

Previous or current home environment issues (parental: substance abuse; employment; etc.)

Previous or current court legal issues

Previous or current substance abuse

ther pertinent information

Signature of person completing the form:

Name & Title

Date

Decision of Therapeutic Education Center Screening Committee

Discontinue of referral process due to:

Postpone decision until the following information is provided:

Recommended intervention strategies:

Student meets all eligibility criteria for admission to the Therapeutic Education Center

Refer to the IEP team Date _____

Interagency Signatures

Agree

Title

Date

Yes/No

Title

Date

Yes/No

Title

Date

Yes/No

Title

Date

Yes/No

Title

Date

Yes/No

Title

Date

Yes/No

Title

Date

Yes/No

Title

Date

Yes/No

Title

Date

Yes/No

Title

Date

Yes/No

Title

Date

Yes/No

Title

Date

Yes/No

Title

Date

Yes/No

Title

Date

Yes/No

Title

Date

Yes/No

Title

Date

Yes/No

Title

Date

Yes/No