

## River Oak Center Program Referral for Services

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_ School: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_

Classroom/Homeroom Teacher: \_\_\_\_\_ ESE Designation: \_\_\_\_\_

**HAS PARENT BEEN CONTACTED REGARDING THIS REQUEST? YES**

*\*\*\*Parent **MUST** be notified by the referral source before River Oak Center can attempt to contact*

*Please mark the following area(s) of concern:*

**Classroom Conduct:**

- Disruptive
- Defiant
- Skipping Class
- Sleeping in Class
- Inappropriate Responses
- Excessive Absenteeism

**Behavior(s) Observed:**

- Negative attitude
- Mood swings
- Withdrawn (loner)
- Extreme weight loss/gain
- Anger
- Physical aggression
- Defensiveness
- Difficulty accepting mistakes
- Gang/Occult related drawings /symbols and affiliation
- Self-Harm Behaviors
- Suicidal/homicidal thoughts
- Depressed mood (sad)
- Poor Social Skills
- Bullying

**Academic Performance Observed:**

- Declining quality of work
- Academic Failure
- Lack of concentration/attention focus
- Lack of motivation
- Unrealistic expectations

**Other/Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the student receiving services from another agency? XXYes No If yes, list agencies and contact names(if known):

Gateway \_\_\_\_\_

**Personal/Family/Friends Issues:**

- Divorce/Separation
- Grief/Loss
- Abuse/Neglect
- Recently moved to the area
- Sexual identity/orientation (struggles)  
(Self-Referrals)
- Poor Relationships
- Negative Influences
- Low Self-Esteem

**Possible Alcohol/Drug Usage:**

- Suspected use of tobacco, alcohol, or other drugs
- Suspected possession of tobacco, alcohol, drugs, or paraphernalia
- Suspected of selling or delivering tobacco, alcohol, or other drugs

**Health and Wellness Services:**

- Counseling
- Medical
- Clothing
- Mentoring
- Vision
- Food
- Teen Parent Services

Parent/Guardian: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Self-Referral:  Student  Parent

Referred By: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_