

**UMCH Family Centered Services  
Education and Support Program - REFERRAL FORM**

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Person completing form: \_\_\_\_\_ Date of referral: \_\_\_\_\_

Guardian/Primary parent's name: \_\_\_\_\_

Relationship to child:  Birth parent  Grandparents  Adoptive parent  
 Foster parent  Step parent  Other relative

Child's home address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: (Home): \_\_\_\_\_ (Cell/other): \_\_\_\_\_

Sibling(s) and age(s): \_\_\_\_\_

Is the child or siblings a ward of DCFS?  Yes  No If yes, please give I.D.: \_\_\_\_\_

Name of school currently attending: \_\_\_\_\_ City: \_\_\_\_\_

Grade: \_\_\_\_\_ Current educational placement:  Regular  LD  BD Other: \_\_\_\_\_

Please indicate factors that may put the child **at risk for TRUANCY, SUSPENSIONS, OR EXPULSIONS:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Academic difficulty       | <input type="checkbox"/> Domestic violence              | <input type="checkbox"/> Parental conflict      |
| <input type="checkbox"/> Child physical abuse      | <input type="checkbox"/> Juvenile delinquency           | <input type="checkbox"/> Parent substance abuse |
| <input type="checkbox"/> Child sexual abuse        | <input type="checkbox"/> Mental health issues of child  | <input type="checkbox"/> Poor social skills     |
| <input type="checkbox"/> Child substance abuse     | <input type="checkbox"/> Mental health issues of parent | <input type="checkbox"/> Sexual acting out      |
| <input type="checkbox"/> Depression                | <input type="checkbox"/> Parent separation              | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Difficulty managing anger | <input type="checkbox"/> Parent-child conflict          | <input type="checkbox"/> Other: _____           |

Comments: \_\_\_\_\_

Please complete the following in regard to the child's school performance:

# of tardies: \_\_\_\_\_ # of excused absences: \_\_\_\_\_ # of unexcused absences: \_\_\_\_\_

List dates of unexcused absences: \_\_\_\_\_

List dates of any withdrawals/enrollment, expulsions, or suspensions: \_\_\_\_\_

What action(s) has the school taken toward truancy behavior? **Attach any letters, notices, summaries, etc.):**

List the child's strengths in regard to school (academics/behavior/social interactions, etc.): \_\_\_\_\_

What problematic behaviors does the child display in the school setting? \_\_\_\_\_