801 South Kettle St **ACT 360 - Attendance** Altoona, Altoona, PA 16601 **Counseling Team 360°**

Office #: (814) 201-2751

*\*Please send referrals to Dan Clark, ACT 360 Supervisor*

Email: dclark@evolutionblair.com

Cell #: (814) 330-3587 Fax #: (814) 201-2758

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| --- | --- | --- | --- |
| **DATE OF REFERRAL** | **REFERRAL SOURCE** | | **REFERRAL CONTACT #** |
| |  |  |  | | --- | --- | --- | |  |  |  | |  | |  |
| **CYF/JPO ASSIGNED STAFF** | | **PREFERRED COMMUNICATION** | **PREFERRED CONTACT INFO** |
|  | | CELL / OFFICE PHONE / EMAIL |  |
|  | | | |
| **CYF/JPO ASSIGNED SUPERVISOR** | | **PREFERRED COMMUNICATION** | **PREFERRED CONTACT INFO** |
|  | | CELL / OFFICE PHONE / EMAIL |  |

|  |  |  |
| --- | --- | --- |
| **PRIMARY ADOLESCENT** | | |
| **FULL NAME** | **DOB/ AGE** | |
|  |  | |
| **CIRCLE ONE: MALE/ FEMALE/ OTHER** |  | |
| **STREET ADDRESS** | **CITY, STATE AND ZIP CODE** | |
|  |  | |
| **EMAIL ADDRESS** | **HOME PHONE** | **CELL PHONE** |
|  |  |  |
| Who has legal custody of the adolescent?  **\*Attach copy of custody order if applicable\*** |  | |
| Where does the adolescent currently reside? |  | |

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| **STUDENTS SCHOOL INFORMATION** | | | | | |
| **SCHOOL NAME** | **ATTENDANCE ISSUES?** | | **BEHAVIOR ISSUES?** | | **POOR**  **GRADES?** |
| **GRADE** | □**YES** | | □**YES** | | □**YES** |
| **NAME OF GUIDANCE COUNSELOR/ SCHOOL CONTACT** |  | | | | |
| Has the school created a plan for attendance improvement? If so, please attach a copy of the attendance improvement plan. | | | | | □**YES** |
| Does the student have an IEP? | | | | | |
| Does the student receive special education services? | | | | | |
| **ADOLESCENT & FAMILY STRENGTHS** | | | | | |
|  | | | | | |
| **REASON FOR REFERRAL**  *Please include details about family dynamics, and whether client is exhibiting behaviors such as self-harm, suicidal ideation, aggression/violence, risky sexual behaviors, or substance use* | | | | | |
|  | | | | | |
| **SERVICES CURRENTLY INVOLVED IN FAMILY** | | | | | |
|  | | | | | |
| **MENTAL HEALTH DIAGNOSIS** | | | | | |
| Explanation: | | | | | |
| Medication: | | | | | |
| **FAMILY & HOUSEHOLD** | | | | | |
| **Mother / Female Guardian Name** | | **Relationship** | | **Age** | |
|  | |  | |  | |
| History of substance abuse, violence, or mental health involvement? | |  | | | |
| **Father / Male Guardian Name** | | **Relationship** | | **Age** | |
|  | |  | |  | |
| History of substance abuse, violence, or mental health involvement? | |  | | | |
| Number of Siblings living in the home- | Other Key Supports- | | | | |

**Additional information:**

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**PLEASE ATTACH A COPY OF THE STUDENT’S ATTENDANCE, GRADE AND DISCIPLINARY REPORTS**