



<b>Youth Information</b>		
Date:		Referred by:
Youth Name:		Preferred Name:
Date of Birth:		Youth Phone:
Parent/Guardians:		Phone:
		Email:
Address:		Youth Email:
Sex:	Gender identity:	Preferred pronouns:
Lives with: <input type="checkbox"/> With both parents <input type="checkbox"/> With one parent <input type="checkbox"/> With relatives <input type="checkbox"/> Homeless <input type="checkbox"/> Other:		
Ethnicity:	Grade Level:	Credits:
Last school enrolled in:		School contact (if available):
School youth is returning to:		School contact (if available):
<input type="checkbox"/> Attending <input type="checkbox"/> Dropout <input type="checkbox"/> Suspended <input type="checkbox"/> Expelled <input type="checkbox"/> Special Education <input type="checkbox"/> IEP or 504 plan		
<b>Probation Information:</b>		
Officer's Name:		Location/contact info:
Offense:		
Probation expires on:		
<b>Other Referrals:</b>		
Community referrals in place (i.e., GED, Job Corp, Food/Shelter, Boys and Girls Club, etc.):		
Medical or behavioral health referrals in place:		

Reasons for referral		
Areas in need of support:	Risk factors:	
<input type="checkbox"/> Risk of reoffending	<input type="checkbox"/> Unsupportive family or home environment <input type="checkbox"/> Lack of supervision and connection to school or community <input type="checkbox"/> Continual history of involvement in the juvenile justice system	<input type="checkbox"/> Has been incarcerated 3 or more times <input type="checkbox"/> Other
<input type="checkbox"/> School	<input type="checkbox"/> History of academic failure <input type="checkbox"/> Chronic truancy issues or multiple suspensions/expulsions <input type="checkbox"/> Dropped out of school	<input type="checkbox"/> Frequently disruptive in the classroom or campus <input type="checkbox"/> Defiant to teacher or school authorities <input type="checkbox"/> Other
<input type="checkbox"/> Community or work	<input type="checkbox"/> Lack of adaptive daily living skills <input type="checkbox"/> Lack of job-related skills <input type="checkbox"/> Inadequate or lack of reasonable living arrangements	<input type="checkbox"/> Frequently misses work <input type="checkbox"/> Not interested in getting a job or engaging in community programs <input type="checkbox"/> Other
<input type="checkbox"/> Social	<input type="checkbox"/> At-risk youth petition filed <input type="checkbox"/> Lack of socialization skills <input type="checkbox"/> Negative peer influence <input type="checkbox"/> Alienated from pro-social activities	<input type="checkbox"/> No parental monitoring <input type="checkbox"/> Absence of positive role models and mentors <input type="checkbox"/> Other
<input type="checkbox"/> Behavioral health	<input type="checkbox"/> Substance use issues <input type="checkbox"/> Mental health issues <input type="checkbox"/> Self-harm <input type="checkbox"/> Eating disorder <input type="checkbox"/> Talk about hurting or killing self or suicide attempts	<input type="checkbox"/> High risk sexual activity <input type="checkbox"/> Sex offender <input type="checkbox"/> Family history of mental illness or substance use disorders <input type="checkbox"/> Other
<input type="checkbox"/> Threat to others	<input type="checkbox"/> Fights <input type="checkbox"/> Physically aggressive behavior with peers or adults <input type="checkbox"/> Bullying peers or younger children	<input type="checkbox"/> Repeated discipline problems for aggressive behaviors <input type="checkbox"/> Charged with violent offense <input type="checkbox"/> Other

**ADDITIONAL INFO OR JUSTIFICATION FOR EA:**