

TCHATT Referral Criteria Form

Student Name: _____ Date: _____

DOB: _____ Grade: _____

Preferred Language: _____ Ethnicity: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Choose one or more of the following:

- | | | |
|---|--|--|
| <input type="checkbox"/> Anger/Violence | <input type="checkbox"/> Arrests; How many? _____ | <input type="checkbox"/> Anxious Behaviors |
| <input type="checkbox"/> Attention Problems | <input type="checkbox"/> Academic Problems (other) | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> Citations: Class C Misdemeanor | <input type="checkbox"/> Depression | <input type="checkbox"/> Expulsion |
| <input type="checkbox"/> Eating Disturbance | <input type="checkbox"/> Incidents of uses of restraint; How many? _____ | |
| <input type="checkbox"/> Low self-esteem | <input type="checkbox"/> Non-compliant with faculty | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Self-harm | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Suicidal Ideation |
| <input type="checkbox"/> Suspension: In-School | <input type="checkbox"/> Suspension: Out-of-School | <input type="checkbox"/> Truancy |

A change in school environment to: juvenile justice alternative education

disciplinary alternative education

Other: _____

Please indicate the following:

Average GPA in core subjects: _____

Number of unexcused absences: _____

Number of discipline referrals: _____

Does the student have and IEP? Yes No Does the Student have a 504 Plan? Yes No

Please provide any other information that might be useful prior to assessing the student.

Guardian Name & Phone Number: _____

Your Name and Relationship to Student: _____