

Roots & Wings Parent/Youth Skill Development Program

Client's Name: (First) _____ MI _____ (Last) _____ D.O.B. _____

Race (circle): White Black Indian Asian Multiracial Hispanic Other Gender: M F

SSN: XXX-XX-_____ Parent/Guardian Name: _____ Contact Number: _____

Referral Submission Per: Court Order Diversion Plan/Contract Referral Date: _____

Problem Behavior(s)/Referral Reason(s) (Check all that apply)	Current Legal Status (Check (√))
<input type="checkbox"/> Academic Failure <input type="checkbox"/> School Behavior Problems <input type="checkbox"/> Assault/Aggressive Behavior <input type="checkbox"/> Self Mutilation <input type="checkbox"/> Excessive Dependence on Parents <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Feelings of Anxiety <input type="checkbox"/> Sexual Offense <input type="checkbox"/> Fire Setting <input type="checkbox"/> Sexually Active <input type="checkbox"/> Gang Association <input type="checkbox"/> Stealing <input type="checkbox"/> Gang Involvement <input type="checkbox"/> Substance Use <input type="checkbox"/> Negative Peer Association <input type="checkbox"/> Suicide Attempts <input type="checkbox"/> Physical/Mental Abuse <input type="checkbox"/> Suicide Threat(s) <input type="checkbox"/> Poor Social Skills <input type="checkbox"/> Temper Tantrums <input type="checkbox"/> Prostitution <input type="checkbox"/> Truancy <input type="checkbox"/> Runaways <input type="checkbox"/> Withdrawn, Depression <input type="checkbox"/> Other (Please Indicate): _____	<input type="checkbox"/> Adjudicated Delinquent Disposition Pending <input type="checkbox"/> Adjudicated Undisciplined Disposition Pending <input type="checkbox"/> Commitment <input type="checkbox"/> Court Counselor Consultation <input type="checkbox"/> Deferred Prosecution <input type="checkbox"/> Diversion Plan/Contract <input type="checkbox"/> Petition Filed <input type="checkbox"/> Post Release Supervision <input type="checkbox"/> Probation <input type="checkbox"/> Protective Supervision <input type="checkbox"/> N/A – No DJJDP Involvement <input type="checkbox"/> Unknown

Problems (12 months prior to referral): # of Runaways _____ # of Short Term Suspensions _____
 # of Long Term Suspensions _____ # of Expulsions _____

Living Arrangements (Check (√))	Name of School Attending: _____
<input type="checkbox"/> Both Parent <input type="checkbox"/> Divorced Parents (Shared Custody) <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Mother & Stepfather <input type="checkbox"/> Grandparents <input type="checkbox"/> Residential Placement <input type="checkbox"/> Other (Please Indicate): _____	Grade Level: _____ School Attendance Status (Check (√)): <input type="checkbox"/> Attending Regularly <input type="checkbox"/> LTS <input type="checkbox"/> Sporadically Attending <input type="checkbox"/> Dropped Out <input type="checkbox"/> Expelled <input type="checkbox"/> Not Attending

Electronic House Arrest/Monitoring: Yes No

IEP Yes No Primary IEP (Check (√)): Academically Gifted Autistic Behavioral Emotionally Disabled
 Deaf/Blind Educable Mentally Disabled Hearing Impaired Multi-Handicapped Orthopedically Impaired Pregnant
 Severely Profoundly Mental Disabled Specific Learning Disabled Speech-Language Impaired Trainable Mental Disabled
 Traumatic Brain Injury Visually Impaired Other (Please Indicate): _____

What outcome do you hope to accomplish as the result of the above individual and his/her family attending the Roots & Wings Program?

Court Counselor Signature: _____ Date: _____