

RURAL: SAFE SCHOOLS/HEALTHY STUDENTS
RURAL UNDERPINNINGS FOR RESILIENCY AND LINKAGES

FFT REFERRAL FORM

REFERRAL SOURCE _____ DATE _____

AGE _____

GRADE _____

SEX M/F

IN THE PAST YEAR HAS THIS YOUTH . . .

AT SCHOOL:

	Don't Know	Suspected	Confirmed
Physical Aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threatened Physical Aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made Verbal Threats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had Attendance Problems (Current School Yr)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of Unexcused Absences _____

Number of Excused Absences _____

Discipline Issues? _____ # ____OSS # ____ISS # ____Office Referrals

Received SPED Services? YES/NO Type? _____

GPA _____ or Grade Average (circle one) A B C D Fail

Primary School Concern? _____

Duration of Concern? _____

IN THE COMMUNITY:

	Don't Know	Suspected	Confirmed
Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current/recent Mental Health Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current/recent Social Serv. Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
____Weapons ____Drugs ____Assault ____Other: _____			

Primary Community Concern? _____

Duration of Concern? _____

AT HOME:

	Don't Know	Suspected	Confirmed
Level of Conflict between Youth/Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some conflict that was well managed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal intimidations, yelling, heated arg.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threats of physical abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical/Sexual abuse; Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sometimes	Usually	Always
Good Parental Supervision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth obeys and follows rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth obeys or obeys some rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth consistently disobeys and/or is hostile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Problems getting youth to school? _____

24/7 Crisis Intervention needed? _____

Primary Home Concern? _____

Duration of Problems? _____