**IDENTIFIED CHILD**

**Name** Click or tap here to enter text. **Date of Birth** Click or tap to enter a date.

**Sex assigned at birth** Choose an item. **Gender Identity** Choose an item.

**Is the child of Hispanic, Latino, or Spanish origin** Choose an item.

**Race** Choose an item. **Primary language spoken** **at home** Click or tap here to enter text.

**Primary language spoken at school** Click or tap here to enter text. **Bilingual Staff Required** Choose an item.

**Address** Click or tap here to enter text.

**School Name** Click or tap here to enter text. **Current Grade** Click or tap here to enter text.

**IEP/504 in place (if known)** Choose an item.

**DSM Diagnosis and Diagnosing Clinician (if known)** Click or tap here to enter text.

**CAREGIVER 1**

**Name**  Click or tap here to enter text. **Date of Birth** Click or tap to enter a date.

**Sex assigned at birth** Choose an item. **Gender Identity** Choose an item.

**Is the caregiver of Hispanic, Latino, or Spanish origin** Choose an item.

**Race** Choose an item. **Primary language spoken** **at home** Click or tap here to enter text.

**Primary language spoken in community/work** Click or tap here to enter text.

**Bilingual Staff Required** Choose an item.

**Address** Click or tap here to enter text.

**Phone** Click or tap here to enter text. **Email**  Click or tap here to enter text.

**Preferred Contact Method** Choose an item. **Best Day & Time to Contact:** Click or tap here to enter text.

**CAREGIVER 2**

**Name**  Click or tap here to enter text. **Date of Birth** Click or tap to enter a date.

**Sex assigned at birth** Choose an item. **Gender Identity** Choose an item.

**Is the caregiver of Hispanic, Latino, or Spanish origin** Choose an item.

**Race** Choose an item. **Primary language spoken** **at home** Click or tap here to enter text.

**Primary language spoken in community/work** Click or tap here to enter text.

**Bilingual Staff Required** Choose an item. **Address** Click or tap here to enter text.

**Phone** Click or tap here to enter text. **Email**  Click or tap here to enter text.

**Preferred Contact Method** Choose an item. **Best Day & Time to Contact:** Click or tap here to enter text.

**Parent/guardian approval is required for submission of referral.**

**Referral and *Provider Information Exchange System* information was reviewed with parent** Choose an item.

**Date of review with parent** Click or tap to enter a date.

***Please note that this information is collected for reporting in the***

 ***Provider Information Exchange System.***

***Confidentiality and privacy will be carefully maintained, and data will only be used for general reporting as required by funding sources, progress monitoring and planning purposes.***

**Date of Referral** Click or tap to enter a date.

**Referral Source (Name)** Click or tap here to enter text. **Email** Click or tap here to enter text.

**Referral Source (Agency)** Click or tap here to enter text. **Phone** Click or tap here to enter text.

**Youth and Family Strengths:** Click or tap here to enter text.

**Reason for Referral:** Describe the primary concerns for this referral (behaviors, trauma, challenges at home, school and/or community, safety concerns). Please include any cultural considerations, mental health diagnosis, religion, or considerations for family's schedule.

Click or tap here to enter text.