801 South Kettle St **ACT 360 - Attendance** Altoona, Altoona, PA 16601 **Counseling Team 360°**

Office #: (814) 201-2751

 *\*Please send referrals to Dan Clark, ACT 360 Supervisor*

 Email: dclark@evolutionblair.com

 Cell #: (814) 330-3587 Fax #: (814) 201-2758

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| **DATE OF REFERRAL**  | **REFERRAL SOURCE** | **REFERRAL CONTACT #** |
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| **CYF/JPO ASSIGNED STAFF** | **PREFERRED COMMUNICATION** | **PREFERRED CONTACT INFO** |
|  | CELL / OFFICE PHONE / EMAIL |  |
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| **CYF/JPO ASSIGNED SUPERVISOR** | **PREFERRED COMMUNICATION** | **PREFERRED CONTACT INFO** |
|  | CELL / OFFICE PHONE / EMAIL |  |

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| **PRIMARY ADOLESCENT** |
| **FULL NAME** | **DOB/ AGE** |
|  |  |
| **CIRCLE ONE: MALE/ FEMALE/ OTHER** |  |
| **STREET ADDRESS** | **CITY, STATE AND ZIP CODE** |
|  |  |
| **EMAIL ADDRESS** | **HOME PHONE** | **CELL PHONE** |
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| Who has legal custody of the adolescent?**\*Attach copy of custody order if applicable\*** |  |
| Where does the adolescent currently reside? |  |

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| **STUDENTS SCHOOL INFORMATION** |
| **SCHOOL NAME** | **ATTENDANCE ISSUES?** | **BEHAVIOR ISSUES?** | **POOR** **GRADES?** |
| **GRADE** | □**YES** | □**YES** | □**YES** |
| **NAME OF GUIDANCE COUNSELOR/ SCHOOL CONTACT** |  |
| Has the school created a plan for attendance improvement? If so, please attach a copy of the attendance improvement plan. | □**YES** |
| Does the student have an IEP?  |
| Does the student receive special education services?  |
| **ADOLESCENT & FAMILY STRENGTHS** |
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| **REASON FOR REFERRAL***Please include details about family dynamics, and whether client is exhibiting behaviors such as self-harm, suicidal ideation, aggression/violence, risky sexual behaviors, or substance use* |
|  |
| **SERVICES CURRENTLY INVOLVED IN FAMILY** |
|  |
| **MENTAL HEALTH DIAGNOSIS** |
| Explanation:  |
| Medication: |
| **FAMILY & HOUSEHOLD** |
| **Mother / Female Guardian Name** | **Relationship** | **Age** |
|  |  |  |
| History of substance abuse, violence, or mental health involvement? |  |
| **Father / Male Guardian Name** | **Relationship** | **Age** |
|  |  |  |
| History of substance abuse, violence, or mental health involvement? |  |
| Number of Siblings living in the home-  | Other Key Supports- |

**Additional information:**

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**PLEASE ATTACH A COPY OF THE STUDENT’S ATTENDANCE, GRADE AND DISCIPLINARY REPORTS**