

Name: John Doe

DOB: 6/10/12

Date: 8/15/2022

Information written from the referral Form:

Please identify the name of the school, person name and title. Please write pertinent information listed on the referral form. Please name the parent, guardian or any supports in the person life by name.

Questions	Responses
1. Who referred you here and why. Person name and title	John Teacher reported his disruptive behavior. Ms. Jenkins She was supported by the Guidance counselor, Ms. Right who made the referral
2 Pertinent Information as it is identified or listed on the referral form	There are concerns that John may need additional provisions besides what is being provided at the school
3.Other supports	Grandmother, Ms. Olive

In accordance with the referral provided, The Guidance Counselor at the school made the referral supported by Ms. Jenkins, John’s teacher. Ms. Jenkins indicates on the referral that John may need additional provisions above what can be provided by the school as a result of his behavioral health. John is also supported by his Grandmother Ms. Olive.

Participant s own words of why they are present

In your own words please state why you believe you are being seen today	I am not sure, but maybe because I fight a lot and at times I don’t listen to the teacher.
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In John’s own words, He indicates “I am not sure, but maybe because I fight a lot and at times I don’t listen to the teacher”. There is a clear indication that John is familiar with some of the presenting concerns as it relates to his behavioral health and school.

Mental and Behavioral Health Risk Factors

Does the Participant have 90-day history of any of the risk factors listed

Attention Deficit Hyperactivity Disorder		Reactive Attachment D/O		Anger /Aggression	x
Generalized Anxiety D/O		Obsessive Compulsive D/O		Selective Mutism	
Oppositional Defiant D/O	x	Tourette Syndrome		Substance Abuse Disorder	
Conduct D/O		Eating D/O		Separation Anxiety	
Depression		Post-Traumatic Stress D/O		Phobic D/O	
Substance use or exposure		Exposure to Domestic Violence		History of self-Injurious behavior	
History of suicide		HS, Mental Health Diagnosis		Personal loss	
Access to Weapons in the home		Panic Attacks		Exposure to Abuse or Neglect	
Developmental or cognitive related history		Limited Family Support		Autistic Spectrum	

John currently presents with a 90-day risk factors related to Oppositional Defiant behavior and the presentation of anger and aggressive behavior.