



**ST. AEMILIAN-LAKESIDE, INC.**  
**SCHOOL BASED SERVICES**

**REFERRAL FORM**

Name of Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

School Contact Person Name: \_\_\_\_\_ Phone: \_\_\_\_\_

School Administrator Authorization: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

Gender: M F Grade: \_\_\_\_\_ School: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone #: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parents/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: (h) \_\_\_\_\_ (h) \_\_\_\_\_

(w) \_\_\_\_\_ (w) \_\_\_\_\_

Additional Contact information (if any):

\_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: (h) \_\_\_\_\_ (h) \_\_\_\_\_

(w) \_\_\_\_\_ (w) \_\_\_\_\_

**Reason for Referral** – Please gather information from all available sources.

List the student's strengths and weaknesses:

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Describe the student's behaviors and/ or circumstances that have resulted in this referral:

School: \_\_\_\_\_

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Home: \_\_\_\_\_

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Community: \_\_\_\_\_

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In your opinion are there significant mental health issues that are interfering with the student's performance at school? If so, please explain.

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What specifically would need to change or improved in order for you to feel that the student no longer need school based services? Please clearly define expected behavioral/emotional and environmental goals and outcomes.

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What if any accommodations and/or interventions have been tried to assist this student in the school setting? Describe the outcome of these interventions:

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To your knowledge, are supportive services available to this child/family (private health care/ SSI/Title 19 / Bureau of Child Welfare / Wraparound/ other community supports)?

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Please list any supportive services that this child/ family are currently involved in? If none, please indicate the barriers to these services (i.e. financial, family / client resistance, etc.)

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If possible, please include any evaluations or relevant documentation regarding the academic and behavioral history of this student.

Additional Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**School Data**

In the past **three months**, how many days was the student (if you are unable to gather data from a 3 month period – please indicate length of time that is measured \_\_\_\_\_):

suspended? in-school suspensions \_\_\_\_\_ out of school suspensions/sent home for out of control behavior \_\_\_\_\_ (*number of days*)

absent? excused \_\_\_\_\_ unexcused \_\_\_\_\_ (**not including suspensions**)

involved in police intervention at the school? \_\_\_\_\_

student discipline report / referral to the principal \_\_\_\_\_

involved in a classroom behavioral intervention (i.e time out, consequence imposed/loss of privilege etc. )? \_\_\_\_\_

please describe intervention: \_\_\_\_\_

please estimate % of time during a typical day that the primary school staff person spends dealing with this student's behavior (including direct intervention, calls to parents, staffings, paperwork etc.) \_\_\_\_\_%

Average score on reports card for the last academic quarter the following areas:

Circle one (Q1, Q2, Q3, Q4)

Reading \_\_\_\_\_  
Math \_\_\_\_\_  
Language Arts \_\_\_\_\_

Science \_\_\_\_\_  
Social Studies \_\_\_\_\_

**Submit referrals forms to :**

St. Aemilain Lakeside – School Based Services  
Attention: Sara Daniel  
1511 Barton Avenue, Suite A  
West Bend, WI 53090