



2023-24 FULL SERVICE SCHOOLS ASSESSMENT FOR SERVICE(S)



Referral Date: _____

Student Name: _____ Student Number: _____ School: _____

Grade Level: _____ Age: _____ D.O.B.: _____ Gender: _____ Race/Ethnicity: _____

Address: _____ Zip Code: _____

*ESE Designation: N/A SI SLD OHI OI LI ID HH G EBD DD DHH ASD 504 TBI VI DSI

FOR SCHOOL USE ONLY: PARENT/LEGAL GUARDIAN MUST BE NOTIFIED AND CONSENT TO REFERRAL PRIOR TO STUDENT BEING REFERRED FOR SERVICES

Has a Tier 1 and Tier 2 behavioral intervention been implemented? **Yes** **No** If no, **DO NOT** submit referral, until this step is complete

Please list Tier 1 and Tier 2 intervention: _____

Consenting Parent/Legal Guardian Name: _____ Date of Consent for Referral: _____

Has the student been referred to the Threat Management Team? **Yes** **No** If yes, date referred to TAT: _____

Is this student receiving services from another agency? **Yes** **No** If yes, **DO NOT** submit referral, student is ineligible for FSS.

PARENT/GUARDIAN CONTACT:

Name: _____

Relationship to Student: _____

Telephone: _____

Email: _____

*If student is 18 and older, provide student contact info

FORM COMPLETED BY:

Parent/Guardian Student Other

Threat Management Team

Name: _____

Title/Position: _____

Telephone/Fax: _____

Email: _____

STUDENT ASSESSMENT:

BEHAVIOR CONCERNS:

- | | | | |
|---|---|---|--|
| <input type="radio"/> Disruptive | <input type="radio"/> Mood Swings | <input type="radio"/> Anger | <input type="radio"/> Gang/Occult Related |
| <input type="radio"/> Defiant | <input type="radio"/> Suicidal/Homicidal Thoughts | <input type="radio"/> Bullying | <input type="radio"/> Drawings/ Symbols and |
| <input type="radio"/> Inappropriate Responses | <input type="radio"/> Withdrawn (loner) | <input type="radio"/> Physical aggression | <input type="radio"/> Affiliation |
| <input type="radio"/> Sleeping in Class | <input type="radio"/> Depressed mood (sad) | <input type="radio"/> Defensiveness | <input type="radio"/> Suspected Use, Possession, |
| <input type="radio"/> Negative attitude | <input type="radio"/> Extreme weight loss/gain | <input type="radio"/> Anxiety | <input type="radio"/> Distribution, or Sale of |
| <input type="radio"/> Self-Harm Behaviors | <input type="radio"/> Poor Social Skills | | <input type="radio"/> Tobacco, Alcohol, or Other |
| | | | <input type="radio"/> Drugs |

ACADEMIC PERFORMANCE:

- ☐ Declining Quality of Work
- ☐ Academic Failure
- ☐ Lack of Motivation
- ☐ Unrealistic expectations
- ☐ Lack of Concentration/Attention Focus

PERSONAL/FAMILY/FRIEND ISSUES:

- ☐ Divorce/Separation
- ☐ Poor Relationships
- ☐ Grief/Loss
- ☐ Negative Influences
- ☐ Abuse/Neglect
- ☐ Low Self-Esteem
- ☐ Human Trafficking

**SERVICE REQUESTED
(SELECT ONE):**

- ☐ Individual Counseling
- ☐ Group Counseling
- ☐ Health/Wellness

Explain: _____

EVENT THAT INITIATED THE ASSESSMENT (REQUIRED):

FOR FSS SOCIAL WORKER USE ONLY: Date of assessment : _____ Comments: _____

FOR FSS THERAPIST USE ONLY: Date of initiation of services : _____ Comments: _____