ESS Referral Application

Youth's Information (must be at least 11 years of age)	
Name:	Youth's Age:
Address:	Date of Birth:

School Information (student must be a middle school student)	
School:	Grade:
IEP? If yes, have you spoken to the special education staff? (please obtain copy of IEP)	
Does youth have a Medical Care Plan?	

Parent/Caregiver Information	
Mom's Name:	Contact Number:
Dad's Name:	Contact Number:
Youth resides with/relationship to youth:	Contact Number (if different than above):

Youth must meet at least 2 of the following criteria:		
(1) Youth has juvenile court involvement? (Only youth who have not had formal charges will be accepted)	Yes	No
(2) Youth is a client of CMH / Family Medical Center / other Mental Health Services?	Describe:	
(3) Youth has chronic truancy or disciplinary issues? (within this school year)	Yes	No
Has youth engaged in FIGHTING?	Yes	No
Is youth INSUBORDINATE to teachers or staff?	Yes	No
Has youth brought CONTRABAND to school?	Yes	No
Has youth engaged in DESTRUCTION OF PROPERTY?	Yes	No
Does youth engage in SEXUALLY INAPPROPRIATE BEHAVIOR?	Yes	No
Does youth ELOPE from school or classroom?	Yes	No
(4) Police have been to the home within the past 8 months?	If yes, when?	
(5) *One or more of the following is true:*		
There is evidence of substance abuse in the home?	If yes, who?	
There is evidence of domestic violence in the home?	If yes, who?	
There is evidence of a lack of basic needs in the home?	If yes, what?	

Referral Source			
☐ SCHOOL	☐ CMH	☐ PROBATION	☐ OTHER
Name:		Date:	
Contact Number:		Email:	

For ESS Staff			
Acceptance date:	Waitlist Date:	Orientation Date:	Rejected Date and reason:
Staff member who reviewed application:			
Comments:			

The following section should be filled out by the school:
Please check all areas of concern and note any information that would be helpful to goal setting.

- ☐ Easily distracted or unable to stay on task
- ☐ Often causes disruptions during class
- ☐ Does not work up to his/her ability
- ☐ Lack of participation
- ☐ Unwilling to follow directions
- ☐ Uses disrespectful language
- ☐ Lack of accountability
- ☐ Lack of self-esteem
- ☐ Lack of social-skills
- ☐ Participates in risky behaviors
- ☐ Lack of personal space or boundaries
- ☐ Unable to show sympathy or remorse for others
- ☐ Poor Hygiene
- ☐ Negative peer interactions

Additional Information:

The following section should be filled out by ESS based on parent input:

- ☐ Engage in risk taking behaviors
- ☐ Physically aggressive toward others or property
- ☐ Verbal aggression
- ☐ Unable to regulate emotions appropriately
- ☐ Frequent lying
- ☐ Unable to take accountability for actions
- ☐ Incidents with the law
- ☐ Use of drugs, alcohol, or vapes
- ☐ Inappropriate social media use
- ☐ Difficulty forming relationships with peers
- ☐ Difficulty following directions
- ☐ Unmotivated by rewards and consequences
- ☐ Unable to show sympathy or remorse for others

- ☐ Currently taking medications
  If yes, are they compliant in taking them?
- ☐ Major medical issues or allergies
- ☐ Improper hygiene
- ☐ Self-harm behaviors
- ☐ Suicidal Ideations
- ☐ Loss of motivation for daily tasks
- ☐ Negative self-esteem
- ☐ Subjected to physical abuse
- ☐ Subjected to sexual abuse
- ☐ Suffering from grief
- ☐ Loss or lack of relationship with a parental figure
- ☐ Suffering from trauma due to a major life event

Notes: