<table>
<tr><td rowspan="7">Referral to:

Southern Westchester Intensive Day Treatment

1606 Old Orchard St.
White Plains NY 10604

Phone: 914-328-0793
Fax: 914-328-6954</td><td colspan="3">Student’s Name:</td><td>Sex: M F</td><td>DOB:</td><td>Date of Referral:</td></tr>
<tr><td colspan="5">Address:</td><td>Home Phone:</td></tr>
<tr><td colspan="2">Parent’s Name</td><td colspan="3">Work Phone:</td><td>Cell Phone:</td></tr>
<tr><td colspan="5">School Liaison Name/Title:</td><td>Liaison’s Phone:</td></tr>
<tr><td colspan="6">Student’s School</td></tr>
<tr><td>Grade</td><td>Special Ed.
Y N</td><td colspan="2">Please Circle:
LD ED 504</td><td colspan="2">Social Security #</td></tr>
<tr><td colspan="6">Please include student’s <u>physical, immunization records</u>, grades and attendance with this referral</td></tr>
</table>

1. Reason for Referral

2. How was the student functioning prior to the crisis both academically and behaviorally?

3. Describe previous attempts at problem solving

4. Describe family involvement

5. Suspicion of physical, sexual abuse, neglect, or substance use/abuse. Specify Type.

6. Describe current counseling (school/private) and medication, identify other agencies involved i.e., social, legal.

7. Describe academic plan following discharge from IDT