School-Based Universal Referral Form

Referring Agency Information:						
Referral Date:						
Referring School:			CTDS #:			
Referring School Phone Number:						
Referring Person Name:			Position:			
Referring Person Email:						
Client Information:						
Client Name:			Client DOB:			
Client Phone Number:						
Parent/Guardian Name:						
Parent/Guardian Phone:		Ве	est Time to Reach:	A.M.	P.M.	
Parent/Guardian Email:						
Address:						
Primary Language (Client): Primary Language (Guardian):						
Referral being made due to substance	use: Yes	No	Unsure			
Is the student a: Danger to Self (DTS) Danger	er to Others (D	ото)	Not Applicable			
If you are in crisis or need immediate	assistance, ple	ease call	988 or 911.			
Reason for referral:						
Other agency involvement: Dept.	Child Safety	Div	Developmental Dis	abilities		
Juvenile Probation Officer	Other					
Consent:						
By Checking Box – I, as a school st and have been provided permission to			ussed my concerns	with the Par	ents/Guardian	



Referring Person Signature:

Date: