

PROJECT AWARE 2021-2022

Name of Student:		Student ID:	
Referring Agency:		Person making referral:	
Relationship to student:		Requestor's contact information:	
Best Time to contact:		Email address:	
Have the student's parents been contacted regarding this concern? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Parent's or Guardian contact:		Date of the referral:	
Does student have an individualized education plan (IEP)? <input type="checkbox"/> Yes, <input type="checkbox"/> No			
Recommend student be referred to SAT, IEP, or 504? <input type="checkbox"/> SAT <input type="checkbox"/> IEP <input type="checkbox"/> 504			
Areas of Concern: (mark all that apply)			
<input type="checkbox"/> ACADEMIC <input type="checkbox"/> BEHAVIORAL <input type="checkbox"/> EMOTIONAL <input type="checkbox"/> FAMILY <input type="checkbox"/> SOCIAL <input type="checkbox"/> OTHER	EXPLANATION: How often has this been occurring? (e.g., several times per day; 1-2 times per week) How long has this been occurring? (e.g., several weeks, several months)		

BEHAVIORAL CONCERNS	
<input type="checkbox"/> Exposed to community violence, other trauma <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Talks excessively <input type="checkbox"/> Fights and is aggressive <input type="checkbox"/> Gets out of seat and moves constantly <input type="checkbox"/> Argumentative and defiant <input type="checkbox"/> Nightmares, intrusive thoughts <input type="checkbox"/> Sad, depressed, or irritable mood <input type="checkbox"/> Anxious, fearful, or irritable mood <input type="checkbox"/> Interrupts and blurts out responses <input type="checkbox"/> Worries excessively <input type="checkbox"/> Jumpy or easily startled <input type="checkbox"/> Hopelessness, negative view of future <input type="checkbox"/> Substance abuse <input type="checkbox"/> Suicide attempt, suicidal ideation, or self-harm	<input type="checkbox"/> Inattentive, distractible, forgetful <input type="checkbox"/> Difficulty sleeping <input type="checkbox"/> Avoids reminders of trauma <input type="checkbox"/> Restless and on edge <input type="checkbox"/> Disorganized, makes careless mistakes <input type="checkbox"/> Low self-esteem, negative self-statements <input type="checkbox"/> Aggressive <input type="checkbox"/> Specific fears or phobias <input type="checkbox"/> Sexualized play or behaviors <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Angry towards others, blames others <input type="checkbox"/> Diminished interest in activities <input type="checkbox"/> Low or decreased motivation <input type="checkbox"/> Appears distracted <input type="checkbox"/> Clingy behavior <input type="checkbox"/> Gender identity challenges

Continued...

HISTORY OF SPECIFIC CONCERNS																	
<p>Does the student need a transition plan (could include from hospitalization, alternative school, etc.)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAY BE</p> <p>Any H/O juvenile justice record or legal enforcement? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAY BE</p> <p>Note(optional): _____</p> <p>Who does your student live with?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Biological parents</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Group home</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Relative care</td> <td style="border: none;"><input type="checkbox"/> Foster parents</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Adoptive parents</td> <td style="border: none;"><input type="checkbox"/> Other</td> </tr> </table> <p>Family concerns if any,</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Death in the family</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Moving</td> </tr> <tr> <td style="border: none;">Family incarceration</td> <td style="border: none;"><input type="checkbox"/> Parental substance use or absence</td> </tr> <tr> <td style="border: none;">Divorce</td> <td style="border: none;"><input type="checkbox"/> Housing insecurity</td> </tr> <tr> <td style="border: none;">Child neglect</td> <td style="border: none;"><input type="checkbox"/> Food insecurity</td> </tr> <tr> <td style="border: none;">Removal from home</td> <td style="border: none;"><input type="checkbox"/> Other</td> </tr> </table>		<input type="checkbox"/> Biological parents	<input type="checkbox"/> Group home	<input type="checkbox"/> Relative care	<input type="checkbox"/> Foster parents	<input type="checkbox"/> Adoptive parents	<input type="checkbox"/> Other	Death in the family	<input type="checkbox"/> Moving	Family incarceration	<input type="checkbox"/> Parental substance use or absence	Divorce	<input type="checkbox"/> Housing insecurity	Child neglect	<input type="checkbox"/> Food insecurity	Removal from home	<input type="checkbox"/> Other
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SPECIFIC SERVICE/ PROGRAM REFERRAL																	
TIER 2 (TARGETED EARLY INTERVENTION)	TIER 3 (INTENSIVE AND EARLY INTERVENTION)																
Visit Type (for AWARE team)																	
1. First Visit	<div style="display: flex; align-items: center;"> <div style="flex: 1;"> <p style="text-align: center;">_ _ / _ _ / _ _ _ _</p> </div> <div style="flex: 2;"> <p>Comments: _____</p> </div> </div>																
2. Second Visit	<div style="display: flex; align-items: center;"> <div style="flex: 1;"> <p style="text-align: center;">_ _ / _ _ / _ _ _ _</p> </div> <div style="flex: 2;"> <p>Comments: _____</p> </div> </div>																
3. Follow up Visit	<div style="display: flex; align-items: center;"> <div style="flex: 1;"> <p style="text-align: center;">_ _ / _ _ / _ _ _ _</p> </div> <div style="flex: 2;"> <p>Comments: _____</p> </div> </div>																
<p>To your knowledge, what interventions have previously been tried or are currently in place? (e.g. IEP, SAT, 504, Behavioral Intervention Plan, anxiety group, etc.)</p> <p>_____</p> <p>_____</p>																	
<p>Approved By:</p> <p>Date:</p>																	