

**MALES of Distinction REFERRAL FORM**

This form is to be completed and returned to Program Staff. Information will be kept confidential and will be used to assist staff in placing the referred student in the MALES of Distinction Youth Program. **Please take the time to fill in all information completely.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring Person Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Email

**YOUTH INFORMATION**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Last

GENDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ ETHNICITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_\_\_ INTEGRATED SERVICES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GUARDIAN(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What strengths do you identify in the youth?

What are the youth’s interest and/or hobbies?

Who does this student trust or go to for support (at school or home)?

|  |  |
| --- | --- |
| Issues or behavior patterns affecting the youth’s school success. (Check all that apply) |  |
| \_\_\_\_ Low grades \_\_\_\_ Defiant of authority/  \_\_\_\_ Learning disability questioning rules  \_\_\_\_ Poor attendance \_\_\_\_ Disrupts classroom  \_\_\_\_ Poor peer relations \_\_\_\_ Overly dependent on  \_\_\_\_ Aggressive/ Fighting peers/ adults  \_\_\_\_ Quiet/ Withdrawn | \_\_\_\_ Experimentation with  drugs/ alcohol  \_\_\_\_ Destructive  \_\_\_\_ Fearful/ Anxious  \_\_\_\_ Emotional outbursts |

**YOUTH BEHAVIOR IN SCHOOL**

**KNOWN RISK FACTORS**

Include both past and present. Please select at least two.

\_\_\_\_ Academic Struggles \_\_\_\_ Physical Abuse

\_\_\_\_ ATOD use \_\_\_\_ Sexual Abuse

\_\_\_\_ Family\_\_\_\_ Youth \_\_\_\_ Neglect

\_\_\_\_ Delinquent Behavior \_\_\_\_ ESL (Not legally involved) \_\_\_\_ Gang Affiliation

\_\_\_\_ Disability (DD, physical, learning) \_\_\_\_ Legal Issues

\_\_\_\_ Family\_\_\_\_ Youth \_\_\_\_ Family\_\_\_\_ Youth

\_\_\_\_ Domestic Violence \_\_\_\_ Low income

Other information that may be helpful to program staff:

\_\_\_\_ Poverty

\_\_\_\_ Mental Health Concerns

\_\_\_\_ Family\_\_\_\_ Youth

\_\_\_\_ Out of Home Placement

(Not with family of origin)

\_\_\_\_ Parent is/has been incarcerated

\_\_\_\_ Single Parent Household

\_\_\_\_ Female \_\_\_\_ Male

PARENT PERMISSION

**To Nominate Youth to MALES of Distinction Youth Program**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian/Custodian (circle one)

Of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby give permission for

Youth’s name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referring School and School Staff representative

To nominate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for participation in the Community Based Program. Youth’s name

Nominations to this program are given through written referral by school staff or other counseling professionals and require the release of academic, family, and social background of the youth to the MOD program. I understand that there is no guarantee that my child will be accepted into the program after he has been nominated.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Youth’s Name Phone # (if different than guardians, Cell #)