



Fresno County Superintendent of Schools - All 4 Youth

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PRIORITY: Low (schedule when available) Medium (schedule next available) **High** (schedule ASAP)

Consultation Request (Youth 0-22 years)

**All Fields Required*

Youth/Student Name: _____ Date of Birth _____

Social Security Number: _____ Age: _____ Grade: _____

Gender: Male Female Non-binary/third gender Prefer not to say

Prefer to self-describe _____

Attending school: Yes or No School Name (if attending): _____

District: _____ Teacher: _____

Parent/Guardian: _____ Parent/Guardian: _____

Relationship to youth: _____ Primary Language: _____

Home Phone: _____ Work Phone: _____

Street Address: _____ City: _____ Zip Code: _____

Mailing Address: _____ City: _____ Zip Code: _____

Referred by: _____ Phone Number: _____

E-Mail: _____

Open to services Needs more information Declined services at this time

Caregiver contacted on (date): _____ Caregiver contacted (name): _____

The insurance information below is preferred but not necessary to make a referral.

Insurance Information:

Medi-Cal Eligible? No Yes

Medi-Cal Benefits Number: _____ **Issue Date:** _____

Other Insurance

Insurance Carrier _____ **Group Number** _____

Cash

Social Emotional Concerns Checklist

Youth/Student Name: _____ Grade: _____

Teacher Name: _____ School: _____

Youth often exhibit behaviors or changes of behavior that cause concern. This checklist may be used as a guide to help determine if a behavioral health referral is appropriate for a youth and their family.

Academic Concerns

- Speech/language delays
- Poor organization/effort
- Sudden change in academic performance
- Limited class participation
- Lack of motivation/effort
- Easily distracted/poor attention
- Incomplete work/cheating

Family/Environmental Concerns

- CPS involvement (describe on next pg.)
- Neglect/emotional/physical/sexual abuse
- Family stressors (financial, health, divorce, separation, sibling problems)
- Substance use by parents and/or significant others
- Recent life change (move, military deployment, etc.)
- Immigration concerns
- Migrant concerns
- Parent-child conflict
- Death or loss
- Probation

Behavior/Emotional Concerns

- Irritability or defiance
 - Argumentative
 - Frequent unexplained temper tantrums, anger outburst, melt down's
 - Inappropriate language
 - Repeated absences and/or frequently tardy
 - Conflict with peers and/or fighting
 - Socially withdrawn
 - Excessive crying
 - Victim of bullying/bullying others
 - Dishonesty/stealing
 - Lack of energy/frequently falls asleep
 - Unexplained injuries (cuts, bruises, etc.)
 - Attention-seeking (class clown)
 - Unable to sit still/ hyperactive/impulsive
 - Leaving class without permission/running away
 - Disruptive/destroys property
 - Sudden change in personality
 - Difficulty with transitions
 - Inappropriate display of affection with peers/adults
 - Sexualized behaviors
 - History of threats to harm self or others
 - Self-harm (cutting etc.)
 - Unusual eating habits (non-edibles: i.e. dirt, trash, fecal matter, hair)
 - Hoarding or stealing food
 - Frequent use of restroom/bowel or bladder accidents
 - Other: _____
-

Please provide any additional information necessary regarding above concerns:

Other involved service providers (including agency, name and type of service):

What goals would you like to see achieved?

Please describe any knowledge of CPS involvement or trauma history (i.e. victim of abuse, witnessing abuse/domestic violence, witnessing or experiencing an accident or fire, being separated from a family member, divorce, loss of pet, death in family, repeated medical procedures/hospitalizations, frequent moves or eviction etc.)

Actions taken previously to address above concerns (ex. IEP, 504 plan, etc.):

Other information we may need to know:

<p><u>Internal Use Only:</u></p> <p>Appropriate for services? <input type="checkbox"/>No <input type="checkbox"/>Yes Accepted Date _____</p> <p>If No, Reason _____</p> <p>Clinical Staff Reviewed: _____</p> <p>Outside referral needed <input type="checkbox"/> (name of referral)_____ PEI services only <input type="checkbox"/></p>
