



REFERRAL FORM

DATE: _____ SCHOOL: _____

FROM: _____ TITLE: _____

REFERRAL PROTOCOL:

By filling out this referral form, the referral source is verifying that the parent/guardian of the student referred has verbally consented to this referral and the disclosure of the information below to Linkages to Learning (LTL). Services provided by LTL are funded by the Montgomery County Department of Health & Human Services (MCDHHS). The identifying information below will allow LTL staff to learn about prior or current services provided by MCDHHS to the student and/or parent/guardian in order to best coordinate and plan for providing support to this family. *EXCEPT WHERE OTHERWISE NOTED, ALL FIELDS ON THIS FORM MUST BE FILLED OUT FOR LTL TO PROCESS THIS REFERRAL.*

(If referred from EMT/CAP, attach meeting notes)

Signature of Referral Source

STUDENT INFORMATION	PARENT/GUARDIAN INFORMATION
Name _____	Name _____
SID# _____	Relationship _____
Address _____ _____	DOB _____
DOB _____	Telephone _____
Type of Health Insurance _____	Alternate # _____
Teacher/Grade _____	Best time to call _____
Counselor _____	

Child/Family is being referred for *(check all that apply)*:

- LTL Parent Education/Supports LTL Youth Development Activities
 LTL Child/Family Therapy LTL Family Case Management* *(complete box below)*

The information below is required for referrals to LTL Family Case Management services:

Attendance <i>(please check one):</i>	<input type="checkbox"/> Child attends school except during illness/emergency <input type="checkbox"/> Insufficient school attendance / chronic tardiness <input type="checkbox"/> Child does not participate in academic process
Academic Performance: <i>(please check one)</i>	<input type="checkbox"/> Child exceeds academic standards <input type="checkbox"/> Child meets academic standards <input type="checkbox"/> Performing below academic standards
Parents' Involvement: <i>(please check one)</i>	<input type="checkbox"/> Parents involved in <i>meeting</i> child's educational/developmental needs <input type="checkbox"/> Parents <i>involved</i> in child's educational/developmental needs <input type="checkbox"/> Parents aware but unresponsive to child's developmental needs <input type="checkbox"/> Parents unaware of child's developmental needs

