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| REF: _____ |
| EFF DATE: _____ |

LifeWorks NW Day Treatment Referral Form

Please send referrals to: lnwdaytreatmentreferrals@lifeworksnw.org

Once you have emailed your referral, you should receive confirmation within one (1) business day. Once the referral form is complete and all required attachments have been submitted, the team will review the information. Typically, within two weeks of receiving all referral information (including required attachments), the referent will be notified whether or not the child/youth will be screened for the program. Once a child/youth has been screened, then a final determination will be made about whether the child/youth is accepted into the program. Children/youth who are accepted in the program usually start within a week to ten days.

Children/youth being referred must come from a participating school district.

This form should be filled out by a district representative for the student who is being referred to a LifeWorks NW Day Treatment program. This information will help ensure that Tigard-Tualatin School District, the LifeWorks NW educational partner, is aware of any individualized educational needs that the student might have. This information will also identify a clear contact at the district level for continued communication and coordination regarding this student if they are accepted into a Day Treatment program.

Requested program: ADTP (youth age 11 – 17) CDTP (children ages 5 – 11)

Information about the district contact person

Name of the referring school district: _____

Name of district staff who is point of contact: _____

Email: _____

Phone number: _____

Information about the child/youth being referred

Student name: _____

DOB: _____

Grade in school: _____

SSID: _____

Home school: _____

Attending school (if different from home school): _____

Current placement (special class, home instruction, etc.): _____

Parent/Guardian name(s): _____

Parent/Guardian phone number: _____

Parent/Guardian email: _____

Address where child/youth currently lives: _____

Reason for Referral

Why is this child/youth being referred for day treatment?

How might this child/youth benefit from day treatment?

Please provide a summary of current safety/risk concerns including information such as: does the child/youth leave home and/or school without permission; does the child/youth engage in self-harming behaviors; does the child/youth experience suicidal and/or homicidal ideation; has the child/youth acted out physically (hit, pinched, bit, etc.) against others (adults or peers) either at home or at school; etc.

Have any threat assessments been completed for this student? Yes No

If so, please include the date(s), the level(s), any outcomes and any recommendations for the incident(s).

Is the student currently working with an outside provider for behavioral health services? Yes No
If yes, please provide any contact information you have for the current behavioral health provider.

Please provide a list of current medications that the child/youth is taking (name of medication and dosage).

Special needs details

Current eligibility date(s):

Eligibility category (categories):

Current IEP date:

Is the student identified as TAG? Yes No

Are ELL services required? Note: ELL services need to be provided by the home district. Yes No

Are there any Related, Consult, Interpretation, or Other Services required (for example, SLP, OT, ASD, AT) per the student's current IEP? Yes No

If yes, please specify the needed service(s) and who will provide the service.

Required attachments

Please attach any of the following that apply. If you do not have an item, please indicate why not.

- Current eligibility statement with all required supporting documentation

If not included, please explain why:

- Current IEP with attached supported documents (safety plan, bus plan, health plan, etc.)

If not included, please explain why:

- Current behavior support plan:

If not included, please explain why:

- Most recent functional behavioral assessment:

If not included, please explain why:

- Most recent transcript (high school) or report card (middle school and elementary school)

If not included, please explain why:

- Immunization records:

If not included, please explain why:

- All relevant releases of information

If not included, please explain why:
