

Please return form to:  
17 Forest Ave., Suite 14  
Fond du Lac, WI 54935  
or fax to: 920-929-3686

**Individualized Youth Services**  
**Referral for Emotional Disturbance**

Received: \_\_\_\_\_  
Reviewed: \_\_\_\_\_

Completed By: \_\_\_\_\_

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

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Child's Social Security # : \_\_\_\_\_

MA:  Yes  No

Parents Name: \_\_\_\_\_

Client Age: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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Name of School \_\_\_\_\_ Grade \_\_\_\_\_ Name of District \_\_\_\_\_

Indicate the classroom setting:  Mainstream  Special Ed.  Other : \_\_\_\_\_  
(briefly describe)

- Check all that apply:
- is between the grades of K-6
  - is attending a school in  FdL Cty  Wbgo Cty  Outagamie Cty
  - is in or at risk of out-of-home placement (as evidenced in 1 2 3 4 )
  - has emotional/behavioral problems that have persisted 6 months and are expected to persist a year more or longer.
  - has a DSM IV- Diagnosis: \_\_\_\_\_
  - has functional symptoms as evidenced by 1 of the following
    - Psychotic Symptoms
    - Suicidality
    - Violence
  - has functional impairments in 2 of the following capacities
    - Self Care
    - Community
    - Social Relationships
    - Family
    - School/Work
  - Receives services from 2 or more agencies/providers. List them: \_\_\_\_\_

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**Note: you must include a written synopsis of the current situation & relevant social history.**

List medications/dosage currently prescribed: \_\_\_\_\_

Date of Parent Notice of Intent to Refer: \_\_\_\_\_

Conference

Referred By: \_\_\_\_\_

Phone Call

Title: \_\_\_\_\_

Written Notice

Agency: \_\_\_\_\_

**Please be sure to attach the Release of Information Form**

List Potential Services:

\_\_\_\_\_

Does the family have medical insurance ? Yes No (Circle one)

List siblings and other significant family members (include age and date of birth)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

\_\_\_\_\_

Current placement: \_\_\_\_\_

Treatment/Placement History: \_\_\_\_\_

\_\_\_\_\_

Legal Status Situation: \_\_\_\_\_

Expected Results of Treatment for Individual: \_\_\_\_\_

\_\_\_\_\_

Expected Results of Treatment for Family: \_\_\_\_\_

What services in addition to IYS might be required?: \_\_\_\_\_

Are family members in the home willing to collaborate with IYS? Y N

Based on a scale of 1-10, how would you rate this family's chance of success:

1 2 3 4 5 6 7 8 9 10