

SAC use: Date Received : _____

Releases received? Yes

Student Advocacy Center Court Involved Youth Intake Assessment Form

Agency Wkr Name: _____ Agency: _____

Wkr Phone: _____ Wkr Email: _____

Reason for Referral: Discipline Special Ed Enrollment Transportation

Other: _____

Student Information:

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: M / F Age: _____ Height: _____

Weight: _____ Hair Color: _____ Eye Color: _____ Grade: _____

Race: _____

Phone Number(s):

Enrolled in what school? _____ School District: _____

Living Situation:

Birth Home Relative Placement Residential SIL Non-Relative

Street Address: _____

City: _____ State: _____ Zip Code: _____

Adult Contact:

(If in residential or group home, please list caseworker).

Contact Number: _____ Email: _____

DOB: _____
(If caseworker, indicate "N/A")

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Educational Status:

- General Education
- SLD (Specific Learning Disability)
- ASD (Autism Spectrum Disorder)
- OHI (Otherwise Health Impaired)
- ECDD (Early Child. Develop. Delay)
- PI (Physically Impaired)
- HI (Hearing Impaired)
- TBI (Traumatic Brain Injury)
- EI (Emotional Impaired)
- 504 Plan: _____
- VI (Visually Impaired)
- SLI (Speech & Language)
- CI (Cognitive Impaired)
- XI (Multiply Impaired)

School History:

School Name	District	Dates Attended	Contact Name / Number

Was this referral court-ordered? Yes No

How can SAC help? What is your goal in this situation?

Upcoming meeting dates (include what type of meeting)

Team Members:

	Name	Email	Phone(s)
Caseworker			
DHS			
GAL			
CASA			
Other			

Background Question to Assess Educational Needs

Support

Are both parents parental' rights terminated? Yes No

Who has the power to make educational decisions for student:

What adults are actively supportive in the student's education: _____

Attendance:

Is the student regularly attending? Yes No

If there are patterns of absences or tardies, please describe:

Transportation:

How is the student getting back and forth to school?

Discipline:

Has the student been expelled/suspended this year? No Yes:

Special Education:

Has the youth ever been evaluated for special education? Yes No

If so, when was the last assessment? _____

Physical & Mental Health:

Please describe any physical or mental health issues that may impact the student's ability to attend or succeed in school:

Strengths & Interests:

What are some identifiable areas in which the student is excelling in school?

Is the student involved in any extracurricular activities? No Yes:
