|  |  |  |
| --- | --- | --- |
| Referral Date: | Youth Name: | |
| Date of Birth (Age 12-17): | Address: | |
| Tel: |  | |
| School: | Custody Status: | |
|  | | |
| **Key Participants** | **Name, Email, Telephone #** | |
| [ ] Referral Source: |  | |
| [ ] Parent/Guardian/Caregiver: |  | |
| [ ] Household member names, ages, relationship to child: |  | |
| [ ] DJJ Worker: |  | |
| [ ] MH Worker: |  | |
| [ ] Social Services/ Care Worker: |  | |
|  | | |
| **Youth Behavioral Characteristics** | | **Youth-School Characteristics** |
| [ ] Violent/physically aggressive behavior | | [ ] Expelled or dropped out of formal education |
| [ ] Verbally aggressive or threatening behavior | | [ ] Attending alternative school setting – not mainstream |
| [ ] Robbery, theft | | [ ] Multiple suspensions for problem behavior |
| [ ] Vandalism, destruction of property | | [ ] High association with antisocial school peers |
| [ ] Drug-related criminal offending | | [ ] Low affiliation with prosocial school peers |
| [ ] Substance use | | [ ] Poor relationships with school staff |
| [ ] Running away | | [ ] Attendance problems |
| [ ] Non-compliance with probation or court order | | [ ] Academic problems – risk of failure |
| [ ] Non-compliance with family rules & expectations | |  |
|  | | **Youth-Peer Characteristics** |
| [ ] Other: | | [ ] Gang membership or strong affiliation |
| [ ] Other: | | [ ] High affiliation with mostly antisocial peers |
| [ ] Other: | | [ ] Mixed antisocial and prosocial peers |
| [ ] Other: | | [ ] Low affiliation with prosocial peers |
|  | | |
| **Desired Outcomes for referral to MST services**  **Please place an “H” in areas you see as having highest priority. Please place checkmark in other target areas.** | | |
| [ ] \_\_\_\_\_ Prevent out of home placement. | | [ ] \_\_\_\_\_ Improve family problem solving skills. |
| [ ] \_\_\_\_\_ Reduce aggressive and/or criminal behaviors. | | [ ] \_\_\_\_\_ Improve family communication and cohesiveness. |
| [ ] \_\_\_\_\_ Retain in school/vocational efforts and/or improve school attendance. | | [ ] \_\_\_\_\_ Improve family behavioral management skills. |
| [ ] \_\_\_\_\_ Improve academic functioning | | [ ] \_\_\_\_\_ Improve youth pro-social involvement and peer relationships. |
| [ ] \_\_\_\_\_ Reduce substance use. | | [ ] \_\_\_\_\_ Other: |
| [ ] \_\_\_\_\_ Other: | | [ ] \_\_\_\_\_ Other: |

**PLEASE ATTACH THE FOLLOWING IN YOUR REFERRAL PACKET IF AVAILABLE**

[ ] Summary of Prior Offending [ ] Recent Mental Health Evaluation/Diagnosis Information [ ] Recent Educational Evaluation

[ ] Upcoming Court Dates, Court Status, DNA Docket Information [ ] DCBS Case History

**EXCLUSIONS:**

* Youth living independently, or youth for whom a primary caregiver cannot be identified despite extensive efforts to locate all extended family, adult friends and other potential surrogate caregivers.
* Youth referred primarily due concerns related to suicidal, homicidal, or psychotic behaviors.
* Youths whose psychiatric problems are the primary reason leading to referral, or who have severe and serious psychiatric problems.
* Juvenile sex offenders (sex offending in the absence of other delinquent or antisocial behavior).
* Youth with moderate to severe difficulties with social communication, social interaction, and repetitive behaviors, which may be captured by a diagnosis of autism.

**Disposition Decision (To be Completed by MST Program Staff):**

[ ] Accepted for MST Program [ ] Family Signed Agreement to Participate - Date Services Initiated :

[ ] Not Accepted: [ ] Inappropriate for MST Program [ ] Service Not Available [ ] Other Reason: