

Hollandale School District
Counselor Referral for Alternative Education Program

Student	Deavan Hampton	Grade	10th	Age	12
Referral Source	Sped Director				
Counselor	Raven Thomas				
Email	rthomas3@hollandalesd.org				

Counselor's History of Services

Referred to Counselor by	Kaneshia Smith, Sped Director
Date first seen by counselor	3/21/2013
Applied Behavioral Analysis/Interventions Attempted or Initiated (include additional pages as necessary)	
Date	Specifics
3/21/2013	Understanding of the importance of rules
4/12/2013	Goals were set for more positive behavior / attitude

Counselor's Assessment (in Collaboration with Referring School/Teacher/Administrator)

Performs substantially below the performance level for pupils of the same age	Yes/No
Is at least one year behind in completing coursework or obtaining credits for graduation?	NO
Is the student pregnant or a parent?	NO
Has the student been assessed/diagnosed as chemically dependent?	NO
If so, who determined this assessment?	
Is the student a victim of physical or sexual abuse?	NO
If so, who diagnosed this?	
Has the student experienced mental health problems?	NO
If so, who diagnosed this?	
Has the student experienced homelessness within the last six months?	NO
Does the student speak English as a second language or has limited English proficiency?	NO

Student has been suspended, excluded, or expelled? YES NO	Dates and explanation see discipline summary report
Student has received other disciplinary action? YES NO	Dates and explanation see discipline report
Student has truancy issues? YES NO	Dates and explanation
Truancy petition filed? YES NO DON'T KNOW	
Student has a social worker or case manager? YES NO	Name: Belinda Fletcher Phone: N/A

Student has a probation officer? YES <input type="radio"/> NO <input checked="" type="radio"/> DON'T KNOW	Name: _____ Phone: _____
Student has been in treatment? YES <input checked="" type="radio"/> NO <input type="radio"/> DON'T KNOW	Facility: <u>Diamond Grove</u> Phone: <u>662-779-0119</u>
IN-PATIENT _____ OUT-PATIENT _____	Dates Attended <u>2/15/13 - 2/26/13</u>
	Contact Person _____

Area	Description	Other
Mood/Behaviors	<input checked="" type="checkbox"/> Anxious/worried	
	<input type="checkbox"/> Depressed/unhappy	
	<input type="checkbox"/> Eating disorder/body image concerns	
	<input checked="" type="checkbox"/> Hyperactive/inattentive	
	<input type="checkbox"/> Shy/withdrawn	
	<input checked="" type="checkbox"/> Aggressive behaviors	
	<input checked="" type="checkbox"/> Stealing	
	other	<u>Disrespectful towards Adults</u>
School Concerns	<input type="checkbox"/> Homework not turned in/not complete	
	<input type="checkbox"/> Low test/assignment grades	
	<input checked="" type="checkbox"/> Poor classroom performance	
	<input type="checkbox"/> Sleeping in class/always tired	
	<input type="checkbox"/> Sudden change in grades	
	<input type="checkbox"/> Frequently tardy or absent	
	<input type="checkbox"/> New student	
	Other	<u>Has an issue with accepting school rules</u>
Relationships	<input checked="" type="checkbox"/> Bullying	
	<input type="checkbox"/> Difficulty with family members	
	<input type="checkbox"/> Illness/death in family	
	<input type="checkbox"/> Parents/divorced/separated	
	<input type="checkbox"/> Suspected abuse	
	<input type="checkbox"/> Suspected substance abuse	
	<input type="checkbox"/> Parent request	
	other	

Are additional pages attached to this referral form? ___ Yes ☒ No If so, how many pages? ___

Counselor's Recommendation

- ☒ Refer to alternative
☐ Retain in regular education
☐ Attempt another intervention

Raven Thomas
 Counselor's Signature

4/25/2013
 Date