



# Child Focus, Inc.

Making **THE** Difference!

[www.child-focus.org](http://www.child-focus.org)

4633 Aicholtz Rd.  
Cincinnati, OH 45244  
(513) 752-1555

## Rising Stars Academy Referral Form

Child's Name:	Gender:	DOB:
Center/ School:	Teacher:	
Parent(s)/Legal Guardian:		
_____		
Address:		
_____		
Phone Number:		

### Reason For Referral (please mark up to 3 concerns, using 1-3 scale):

- |  |  |
|--|--|
| <input type="checkbox"/> Depression (withdrawn, isolating self...)                                       | <input type="checkbox"/> Hoarding or gorging food  |
| <input type="checkbox"/> Anxiety; persistent worries/fears   | <input type="checkbox"/> Impulsive   |
| <input type="checkbox"/> Angry Outbursts; rage; tantrums   | <input type="checkbox"/> Lies; exaggerates   |
| <input type="checkbox"/> Attendance problems   | <input type="checkbox"/> Low self-esteem   |
| <input type="checkbox"/> Bullying (circle: target or bully)  | <input type="checkbox"/> Loss of a friend or loved one   |
| <input type="checkbox"/> Children's Protective Services involvement<br>(current and/or history of)       | <input type="checkbox"/> No eye contact; unkempt; disheveled   |
| <input type="checkbox"/> Crying excessively  | <input type="checkbox"/> Suicidal thoughts/ gestures/discussions   |
| <input type="checkbox"/> Conflict with Parent(s)   | <input type="checkbox"/> Self-injury (head banging)  |
| <input type="checkbox"/> Conflict with other Authority Figures   | <input type="checkbox"/> Sexually inappropriate behavior   |
| <input type="checkbox"/> Disruptive; Attention-seeking   | <input type="checkbox"/> Short attention span; inattentive   |
| <input type="checkbox"/> Defiant; does not follow rules  | <input type="checkbox"/> Stealing  |
| <input type="checkbox"/> Family stressors (divorce, unemployment,<br>homelessness, parent substance use) | <input type="checkbox"/> Substance use or abuse within the family  |
| <input type="checkbox"/> School work concerns  | <input type="checkbox"/> Trauma history (sexual abuse, physical abuse, witness to<br>domestic violence, neglect) |
| <input type="checkbox"/> Fighting; arguing   | <input type="checkbox"/> Other: _____  |

Relevant Developmental History: \_\_\_\_\_

\_\_\_\_\_

Interventions already attempted: \_\_\_\_\_

\_\_\_\_\_

This referral has been discussed with the Parent/Guardian on \_\_\_\_\_ (date).

Parent/Guardian accepts  or rejects  the referral to Child Focus, Inc.

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

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

**FOR CFI USE ONLY**

Type of service requested:  Prevention Services  Individual Therapy  Group Therapy

Appropriate Referral (circle one): Yes No

Services in other Agency (circle one): Yes No

Carry Over (circle one): New Return

Intake scheduled: (date) \_\_\_\_\_

Intake rescheduled: (date) \_\_\_\_\_

Barriers:

- (1) Unable to reach parent/guardian. Attempts to contact: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_
- (2) no show for intake
- (3) no insurance
- (4) private insurance and could not be linked to services
- (5) student changed schools within the year
- (6) student/family declined services