Center of Excellence

REFERRAL CHECKLIST

SS# : _____

CHILD'S NAME: _____ DOB: _____

_____ **CURRENT SOCIAL HISTORY; Functional Assessment; Non-Custodial Assessment and past Social Histories**

_____ **PERMANANCY PLAN and Individual Program Plan (IPP)**

_____ **PSYCHOLOGICAL EVALUATION(s) – All**

_____ **PSYCHO-EDUCATIONAL EVAULATION - All**

_____ **SPECIALIZED EVALUATIONS (PSYCHIATRIC, PSYCHOSEXUAL, A&D, ETC.)**

- _____ **Psychiatric Evaluation and Progress Notes**
- _____ **Alcohol and Drug Assessment**
- _____ **Psychosexual Exam and Risk Assessment**
- _____ **Neurological and Neuropsychological Evaluations**

_____ **THERAPIST INTAKE and PROGRESS NOTES (CTT, CCFT, Case Mgt, Other)**

_____ **CURRENT/PAST RESIDENTIAL PROVIDER PROGRESS NOTES DISCHARGE SUMMARIES and INCIDENT REPORTS**

_____ **PSYCHIATRIC HOSPITALIZATION DISCHARGE SUMMARIES**

_____ **CFTM SUMMARY(ies) / Notice of Action (most recent)/Genogram**

_____ **RELEASE OF INFO / CONSENTS / OTHER RELEASES**

_____ **SCHOOL RECORDS – include discipline reports, IEP**

_____ **MEDICAL INFORMATION – Most Recent - EPSD&T Screen, EPSD&T Follow-up, Physical Exam, PCP Progress Notes (6 months), and Medical Specialty Progress Notes**

_____ **SERIOUS INCIDENT REPORTS**

_____ **ASSESSMENTS – Community Risk, CPS Risk Assessment, and CANS**

_____ **INSURANCE CARD**

_____ **COURT ORDER (placing child in State Custody)**

_____ **Well Being Information and History**

Name of Referring Person:_____Agency:_____