



5. Is student is involved with other agencies or care providers ( i.e. DCF, DOP, mental health center, therapist? ) \_\_\_No \_\_\_Yes. If yes, indicate agency and contact person.
  
6. Is the student a discipline problem in school? \_\_\_No \_\_\_Yes. If yes, explain.
  
7. Has the student been suspended/ excluded from school? \_\_\_No \_\_\_ Yes If yes, Explain.
  
8. Is there a history of violence, aggression, involvement with weapons? \_\_\_No \_\_\_Yes. If yes, explain.
  
9. Is there a history of substance abuse? \_\_\_No \_\_\_Yes. If yes, explain.
  
- 10 Are there outstanding criminal charges or court involvement? \_\_\_No \_\_\_ Yes. If yes, explain.
  
11. Are parents aware of this referral? \_\_\_No \_\_\_Yes. If no explain.

12. Describe parent involvement and level of cooperation.

Please add any other information you think would be helpful to the Team.

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**Signature/date**

**Enclosures:**

**Current IEP or 504 Plan**

**Current Assessments**

**Disciplinary/ Suspension reports**

**Other:**