



Person Making Referral: _____ Date: _____
 School or Organization: _____ Job Title: _____
 E-mail: _____
 Phone: (____) _____ Fax: (____) _____

SF 2020 Collaborative Referral & Assessment Form

Fax or e-mail to danielg@navapdx.org or 503-288-1260. After receiving the referral, we will follow-up with the youth/family or individual making the referral within 3-5 business days.

****Please complete ALL sections below to the best of your knowledge. Incomplete referrals can delay the process.****

Youth Information

Name: _____ Date of Birth: _____ Age: _____

Youth Phone: _____

Identifies Gender as: Male Female Transgender/Two-Spirit _____ (fill in the blank)

Race/Ethnicity (Check all that apply):

- American Indian or Alaska Native _____
- African/African American _____ Asian _____
- Hispanic or Latino _____ Middle Eastern _____
- North African _____ Pacific Islander _____
- Slavic _____ White _____
- Other _____

Immigrant/Refugee Status: _____

Language(s) Spoken in Home: _____

List Youth's Strengths & Interests: _____

Programs/Activities in which youth participates: _____

Receives or Qualifies for Free or Reduced Lunch:

Parent/Guardian Name: _____ Relationship: _____

Parent/Guardian Phone(s): _____ Parent/Guardian Email: _____

Address: _____ City: _____ Zip: _____

School/Academic Information

Grade: _____ Synergy#: _____ SSID#: _____ Current School: _____

Enrollment Status: Enrolled Suspended Not Enrolled At Risk for Disenrollment

Special Academic Needs: Has active IEP English Language Learner (ELL)

Academic Performance: Frequent Absenteeism At risk of failing class(es) Has failed class(es)

Please identify services needed and/or wanted:



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Initial Youth Assessment

- Recent or a history of expulsions/suspensions
- Exhibiting behavioral issues
- Engaged in acts of delinquency
- Mental health issues
- Substance abuse
- Gang affiliation or at risk of gang involvement
- Currently homeless
- Teen Pregnancy/ Teen Parent (mother or father)

Initial Family Household Assessment

- Single parent household
- Receive TANF, SNAP, or other Assistance
- Foster care/relationship with child welfare
- Recent or history of Family discord/conflict
- Recent or history of Substance abuse in household
- Recent or history of criminality in family
- Recent or history of domestic violence
- Family mental health issues

Please list any additional notes, concerns and/or your recommendation for further action: