

STUDENT REFERRAL FORM FOR RENTON AREA YOUTH & FAMILY SERVICES

Please FAX to RAYS Office at: 425-227-8926

Date: _____ Person completing form: _____

Student Name: _____ DOB: _____

Parent Name: _____ Phone #: _____

Grade: _____ School: _____

Have you spoken to the student and/or guardian about the referral to RAYS? YES NO

****Remember that in order for RAYS to contact legal guardians of the child being referred, the school needs to make initial contact to get permission from the legal guardian.***

Who is requesting services?

- ☐ Student
- ☐ Parent
- ☐ Staff _____

Student also referred to:

- ☐ Drug/Alcohol counselor
- ☐ Communities in schools
- ☐ School Counselor _____
- ☐ School Psychologist _____
- ☐ Other _____

Type of services requested:

School-based counseling

- ☐ Individual/family
- ☐ Therapeutic group
- ☐ RAYS Up

Student information:

- ☐ History of violence/aggressive behavior
- ☐ School status: prior suspensions/expulsions
- ☐ Weapons
- ☐ History of inappropriate behavior

Funding source: ☐ Medicaid # _____ ☐ Other: _____

Summary of issues/concerns:

We will do our best to serve this child. If we are unable to serve this child due to funding issues or unavailability we will make a referral to another provider or agency.

FOR RAYS CLINICAIN USE ONLY: