

Apalachee Center, Inc.

Wakulla School Referral Form

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

Student's name \_\_\_\_\_ Grade level: \_\_\_\_\_

DOB \_\_\_\_\_ SSN \_\_\_\_\_ Insurance: Yes \_\_\_ No \_\_\_ Medicaid \_\_\_

Name of the School where student is enrolled: \_\_\_\_\_

Diagnosis: (if known)

Axis I (Primary): \_\_\_\_\_

Axis I (Secondary): \_\_\_\_\_

Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_

Axis IV: \_\_\_\_\_ Axis V (CGAS): \_\_\_\_\_

Reason(s) for the referral (Including current level of insight, recommendations, and any other particular concern/behavior issues):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was student informed of this referral? \_\_\_ Yes \_\_\_ No

If yes, was the student agreeable to receiving services? \_\_\_ Yes \_\_\_ No

Was student legal guardian (i.e. parents) informed of this referral? \_\_\_ Yes \_\_\_ No

If yes, was the legal guardian agreeable to receiving services? \_\_\_ Yes \_\_\_ No

Completed by: \_\_\_\_\_ / / \_\_\_\_\_  
Staff Name Title/Credential Date

Student's Signature: \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_

Legal Guardian's contact information: \_\_\_\_\_