

**HARBOR SCHOOLS OF MAINE, INC.**  
**REFERRAL FORM**

Program: Aspenledge \_\_\_ Winterport \_\_\_ Rockport I \_\_\_ Rockport II \_\_\_

DATE:                      NAME OF CHILD:                      DOB:

SS#:                              AGE:                              SEX:

PARENT/LEGAL GUARDIAN:

ADDRESS:

TELEPHONE:

INSURANCE INFORMATION (include plan #s):

REFERENT/AGENCY:

ADDRESS:

TELEPHONE:

WHERE IS CHILD LIVING NOW:

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**DIAGNOSIS**

AXIS I:

AXIS II:

AXIS III:

AXIS IV:

AXIS V:

REASON FOR THE REFERRAL (Please include brief social history, including family composition, and reason for out-of-home placement)

**EDUCATIONAL HISTORY**

CURRENT GRADE IN SCHOOL AND MOST RECENT SCHOOL ATTENDED:

IS THIS CHILD ABLE TO ATTEND A PUBLIC SCHOOL:

HISTORY OF SCHOOL RELATED DIFFICULTIES (LEARNING &/OR BEHAVIORAL):

ANY CURRENT OR PAST SPECIAL EDUCATION SERVICES (IEP OR 504 PLAN):

FULL IQ SCORE:

**OUT-OF-HOME PLACEMENT HISTORY (including hospitalizations):**

FACILITY/AGENCY:

DATE:

REASON FOR ADMISSION:

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**MEDICATION/MEDICAL HISTORY**

MEDICATION

DOSAGE

FREQUENCY

HEAD INJURY/SEIZURE DISORDER:

ENURESIS/ENCOPRESIS:

EATING DISTURBANCES:

SLEEP DISTURBANCES:

OVERALL CONDITION OF HEALTH (INCLUDE ANY MEDICAL CONDITIONS OR RECENT EXPOSURE TO CONTAGIOUS DISEASES):

**PSYCHIATRIC &/OR SUBSTANCE ABUSE HISTORY**

HISTORY OF SUBSTANCE ABUSE OR EXPERIMENTATION/FAMILY HISTORY/DRUG OF CHOICE:

DATE AND NAME OF FACILITY OF ANY SUBSTANCE ABUSE TREATMENT:

WHAT LEVEL OF S/A TREATMENT IS REQUIRED AT THIS TIME:

HISTORY OF VIOLENCE/AGGRESSION TOWARDS OTHERS, ANIMALS, OBJECTS, THREATS ETC (if positive history, please provide details):

SUICIDAL IDEATION/ATTEMPTS (if positive, please provide details):

HOMICIDAL IDEATION/ATTEMPTS (if positive, please provide details):

HISTORY OF RUNNING AWAY:

LEGAL PROBLEMS, CURRENT & PAST CHARGES:

HISTORY OF FIRESETTING:

LYING/STEALING:

**ABUSE HISTORY:**

SEXUAL ABUSE:

DATE(S):

FREQUENCY:

WAS THIS REPORTED:

OUTCOME:

PHYSICAL ABUSE:

DATE(S):

FREQUENCY:

WAS THIS REPORTED:

OUTCOME:

HAS THIS CHILD BEEN A PERPETRATOR OF ABUSE TOWARD OTHERS? IF YES, PLEASE PROVIDE DETAILS:

TREATMENT GOALS FOR PLACEMENT:

DISCHARGE PLAN FOLLOWING PLACEMENT (if plan includes transition to another facility, please include information regarding status of referral, interviews, contact names, etc):

OUTPATIENT SERVICES/PROVIDERS INVOLVED (current or past):

In addition to referral form, please send information regarding previous out-of-home placements, i.e. admission histories, assessments, and discharge summaries, educational information, i.e. PET minutes, IEPs, or 504 plans, and copies of any

other evaluations that have been completed within previous three years, i.e. psychological, neuropsych, OT, and Speech and Language. Thank you.

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Signature of referent

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Date