**RENEW/SST Referral Form**

**Part 2**

This form is to be filled out by the referred student’s counselor and/or case manager. This form should be stapled to Part 1 and presented to the Student Support Team at the next meeting.

Student (or ID):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Contact (phone/email)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor/Case Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **STEP 4: What has already been tried with this youth:** |
| Intervention or program: | Number of weeks: | Youth Response: | Data Used: |
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**STEP 5: Prepare to discuss or review the following questions with the SST:**

1. Is there additional information needed? What questions do we have about this young person?
2. Has a recent (within the past year) assessment such as a function-based behavioral assessment (FBA) been conducted for this student, or does an FBA to be completed in the next few weeks? What does the assessment tell us?
3. Does the young person have protective factors and resources that mitigate the need for services and supports?
4. Why did some of the other programs or interventions fail (if applicable)?
5. What is the potential for imminent crises to arise? How can we mitigate potential crises?
6. Does this young person seem to need person-centered planning? Does he/she need more positive attachments and engagements with adults and peers in school? Does he/she need help with connections and individualized supports?
7. Who do we need to talk to?

**STEP 6: KEY PEOPLE**

**RESOURCES and CONTACTS:** Please list the names, role and contact information for people who are critical to the student’s plan such as special education case managers, guidance counselor, parent, teachers, etc.:

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| **Name**  | **Role** | **Contact information** **(Phone number or email address)** |
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**STEP 7: ACTION PLANNING (To be filled out at SST):**

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| **ACTION NEEDED (RENEW Implementation Team or other Support)** | **PERSON RESPONSIBLE** | **DATE DUE** |
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