PASS Prevention Program Referral Form

Please email referrals to: centralintake@stdavidscenter.org and parentchildservices@stdavidscenter.org

Questions? Email Jill Guberud, JGuberud@stdavidsmn.org

STUDENT INFORMATION

Date:_____ Student's Name: _____ DOB: _____

☐ Race/ethnicity of student (select all that apply):
☐ Black or African American
☐ African native, including Oromo, Somali, Ethiopian, etc.
☐ Asian, including Southeast Asian
☐ Hispanic or Latino/a
☐ American Indian (specify tribe: _____)
☐ White or Caucasian
☐ Another race or ethnic group? (Specify: _____)

Gender:
☐ Male
☐ Female
☐ Another gender identity

Family's Primary Language:_____

Student's Grade:_____

Known Challenges/Barriers to attendance:

Number of absences/tardies at time of referral (If more than 8 unexcused absences, please file a report with the county rather than prevention referral):

Family Aware of Referral?: ☐ YES ☐ NO

What strategies has school tried/Results?

St. David's
DEVELOPMENTAL & THERAPEUTIC SERVICES

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PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name: _____

Address: _____

Phone Number: _____

Email: _____

OK to Text Family?: ☐ YES ☐ NO

REFERRAL SOURCE INFORMATION

Child's School: _____

School Contact: _____

Phone: _____

Email: _____

Preferred form of contact: ☐ Phone ☐ Email