

COMPASS BASIC Training
Referral & Consent Form

YOUTH'S INFORMATION:

NAME: _____ RACE: _____

SCHOOL: _____ GRADE: _____ NCWISE #: _____

DATE OF BIRTH: ____/____/____ AGE: ____ SSN: _____ - _____ - _____

LIVES WITH (Name(s)): _____ RELATIONSHIP: _____

PRIMARY ADDRESS: _____

BEST PHONE: _____ E-MAIL: _____

AT-RISK CONCERNS (*Check all that apply*):

- | | | |
|--|---|---|
| <input type="checkbox"/> Court Charges/Probation | <input type="checkbox"/> Gang Associations | <input type="checkbox"/> Repeated Grade(s) |
| <input type="checkbox"/> Delinquency | <input type="checkbox"/> Gang Involvement | <input type="checkbox"/> Runaway |
| <input type="checkbox"/> Drugs/Tobacco/Alcohol | <input type="checkbox"/> Negative Peer Associations | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Failing Grades | <input type="checkbox"/> Oppositional Defiance | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Family Conflict | <input type="checkbox"/> Poor Social Skills | <input type="checkbox"/> Truancy |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Problems at School | <input type="checkbox"/> Other: _____ |

How many in-school suspensions have been received this school year? _____ *How many out-of-school suspensions?* _____

Does this student have an IEP? _____ *Is this student currently receiving any school-based or outside professional services?* _____

Not Sure NO YES NO YES, _____

Prescribed medicine or medical condition: _____

PROGRAMMING NEEDS:

Indicate what area of improvement that you desire for your child's participation in COMPASS.

- Behavior/Attitude Social Skills Leadership Skills

Check all that apply to your child. Use space below to provide any additional information about your child's needs:

- Argumentative Impulsive Loses Focus Anger Anxiety Depression Stress
 Major Life/Family Change Interpersonal Skills Self-Esteem ADD/ADHD

Other: _____

REFERRAL INFORMATION:

How did you learn about this program?

REFERRED BY (NAME): _____ Position/Relationship: _____

AGENCY TYPE: Church Community Program Law Enforcement Mental Health
 School School Resource Officer Teen Court Youth Center Other: _____

PARENT/GUARDIAN CONSENT:

I understand that the BASIC Training Program is funded by the Mecklenburg County Juvenile Crime Prevention Council and sponsored by True DESTINY Christian Church. I hereby give consent for my child to participate in the BASIC Training program operated by COMPASS Programs.

I consent to my child's school disclosing all requested scholastic, attendance, and behavior records of such school concerning my child to BASIC Training Program staff. I further understand that this information will be treated as confidential and used to monitor and better serve my child's individual needs for academic, behavioral, and/or emotional support and improvement.

I understand that completion of this form may grant my child *Provisional Status* in the BASIC Training Program, and that a parent interview may be necessary to complete the enrollment process.

Youth – PRINT NAME

Parent/Legal Guardian – PRINT NAME

Parent/Legal Guardian – SIGNATURE

DATE