



The Boyd School, Inc.

A child learns what he lives

Referral for Placement

Our campus is male only!

Please complete the following information for placement consideration. All information **must be completed** before we can review. Should your referral meet preliminary requirements, we will follow-up and request more detailed information.

Completion of a referral sheet does not guarantee placement! Any questions can be directed to our Clinical Coordinator by dialing 205-938-7663 and asking our office staff for assistance.

Date: _____ Placement Needed: Moderate _____ Basic _____ Date Needed: _____

Referring County DHR: _____

DHR Case Manager Name: _____ Phone: _____

Physical Address: _____

Mailing Address: _____

Email Address: _____

Supervisor Name: _____ Phone: _____

Email Address: _____

Child's Name: _____ IQ: _____ (must be 70 or above)

Date of Birth: _____ Age: _____

Race: _____ Gender: Male

Grade: _____ Does this child have an active IEP? Y N

Medications:



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Does this child have any allergies? Y N If yes, what are they and is an epipen needed? _____

_____.

Mental Health

Has a psychological evaluation been completed within the past two years? Y N

Psychological and Medical Diagnoses: _____

Has a MAT assessment been completed through state DHR? Y N (please attach MAT assessment to referral)

Sexualized Behaviors

Has the child exhibited any sexualized behavior now or in the past? Y N

Was an assessment conducted or services completed to treat these behaviors? Y N

If so, who is currently providing services or did provide such services? _____

If services were in the past, were they completed successfully? Y N

Are there current recommendations for this child regarding sexualized behaviors? Y N

Is there an expectation for services to continue during placement at Boyd School? Y N

If so, is the provider able to conduct services at The Boyd School? Or, is transportation made available through DHR for child's participation in these services? Y N

Visitation and Family

Does the child currently have a visiting resource? Y N

Are these visits supervised or unsupervised? _____

If supervised, is DHR able to provide the needed transport and supervision services for these visits? Y N

Other Contracted Services

Is the child currently receiving counseling or other services that the ISP team would like to continue after placement? Y N

Would the provider be able to travel to The Boyd School? Y N



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If transportation to these services is needed, would DHR be able to supply this transportation? Y N

Legal History

Has this child ever been arrested, required to complete probation or ordered to participate in Department of Youth Services? Y N

If yes, please give brief explanation including dates and reasons why: _____

History With Boyd School

Has this child, to your knowledge, been placed at Boyd School in the past? Y N

If so, what were the dates? _____

Please use the space below to provide any other information that you believe would be pertinent for placement:

I, the undersigned, do assert that all information in this referral is true and complete to the best of my knowledge.

Signature _____ Date _____

Printed Name _____