



Tri-County Behavioral Care

172 Woodport Road, Suite E, Sparta, NJ 07871
3155 Rt. 10 East, Suite LL100, Denville, NJ 07834
973-691-3030 Ext. 1 Fax: 973-726-4545 tcbllc.org

SCHOOL CLEARANCE ASSESSMENT REFERRAL FORM

Select All That Apply:

School Clearance Assessment

Substance Evaluation & Treatment

Name of Student:	
DOB:	
Parent/Guardian Name:	
Street Address:	
City:	
State/Zip Code:	
Parent/Guardian's Phone:	
Parent/Guardian's Email:	
Referring District:	
Referring School Building:	
Email address to send completed evaluation form to:	

HIGH RISK EVALUATION:	YES	NO	UNSURE
Suicidal or homicidal plans <u>with intent</u> (within the past 7 days).			
Made any suicidal or homicidal attempts (within the past 7 days).			

If the answer to any of the above questions is **YES**, the criteria is likely indicative of needing a higher level of care than what Tri-County Behavioral can provide at this time. We recommend the student be sent to the nearest Emergency Room for a psychiatric evaluation.

If unsure about the level of appropriateness regarding this referral, please contact us at 973-691-3030 x1 or intake@tcbllc.org for further consultation.



Reason for Referral: (Please include all pertinent information regarding the student's incident. Include date and time incident occurred, any written material by student, and any reports by staff regarding incident).

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Self-Harm and Aggression: (Include details about any self-harm and/or physical aggression toward self or others).

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History & Additional Information: (Include any changes in behavior, academic performance, family dynamics, agencies involved with student/family, known mental health or substance abuse concerns in the past and/or previous school clearance assessments that you want the clinician to be aware of.) *Additional information can be included on a separate piece of paper.*

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Email Address of Referral Source

Reachable Phone Number of Referral Source

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Signature of Referring Person:

Date:

Upon Completion EMAIL: intake@tcbllc.org
Referral forms must be received **PRIOR** to a parent contacting us to schedule an appointment.