

**BERKS COUNTY ELEMENTARY STUDENT ASSISTANCE PROGRAM  
TRACKING FORM**

**Evaluator:** \_\_\_\_\_  
**Agency:** \_\_\_\_\_  
**Date of Assessment:** \_\_\_\_\_  
**Parents Included?** Yes  No   
**Date of Parent Involvement:** \_\_\_\_\_

**Student:** \_\_\_\_\_  
**School:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Age:** \_\_\_\_\_ **Sex:** M  F   
**Grade:** \_\_\_\_\_ **Race/Ethnicity:** W B H A AI O

**Referral Source**

- Administrative, non-disciplinary
- Administrative, disciplinary
- Teacher
- Guidance Counselor
- Nurse
- Self
- Parents/guardians
- Peer
- Community Agency
- Other (specify): \_\_\_\_\_

**Result of Assessment**

- Mental health issues
- Co-dependency
- Problematic drug/alcohol use
- Child abuse
- Sexual issues
- Dual diagnosis
- Other (specify): \_\_\_\_\_
- None
- Assessment incomplete  
↳ Reason: \_\_\_\_\_

**Outcome of Recommendations/Referrals**

- Student participated in recommendation
- Verbal agreement to pursue recommendation
- Student refused service
- Parent refused service
- Student placed on waiting list
- Student transferred

**Referral Reason**

- Behavior concerns  
↳ d/a: \_\_\_\_\_ ↳ non d/a: \_\_\_\_\_
- Violated school policy  
↳ d/a: \_\_\_\_\_ ↳ m/h: \_\_\_\_\_
- Suicidal ideation, gesture, attempt
- Self-reported problem
- Attendance
- Drop in grades
- Other (specify): \_\_\_\_\_

**Recommendations/Referrals**

- School based intervention group  
↳ d/a: \_\_\_\_\_ ↳ m/h: \_\_\_\_\_
- Community based intervention group  
↳ d/a: \_\_\_\_\_ ↳ m/h: \_\_\_\_\_
- M/H treatment:  
↳ Outpatient: \_\_\_\_\_ ↳ Family: \_\_\_\_\_
- D/A treatment  
↳ Outpatient: \_\_\_\_\_ ↳ IOP: \_\_\_\_\_
- Dual treatment
- Other support services (specify): \_\_\_\_\_
- Family physician
- None

**SERVICE SUMMARY**

**Type of Service(s):** A PA CC  
**Description of Service(s):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Service Specific Hours:** \_\_\_\_\_

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**Student:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**School:** \_\_\_\_\_

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**Date of Birth:** \_\_\_\_\_

**Parents Included?** Yes  No

**Age:** \_\_\_\_\_ **Sex:** M  F

**Date of Parent Involvement:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Race/Ethnicity:** W B H A AI O

**Referral Source**

- Administrative, non-disciplinary
- Administrative, disciplinary
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- Community Agency
- Other (specify): \_\_\_\_\_

**Referral Reason**

- Violated school policy  
↳ d/a: \_\_\_\_\_ ↳ non d/a: \_\_\_\_\_
- Behavior concerns  
↳ d/a: \_\_\_\_\_ ↳ m/h: \_\_\_\_\_ ↳ dual: \_\_\_\_\_
- Suicidal ideation, gesture, attempt
- Self-reported problem
- Attendance
- Pregnancy
- Drop in grades
- Other (specify): \_\_\_\_\_

**Result of Assessment**

- Problematic drug/alcohol use
- Co-dependency
- Mental health issues
- Child abuse
- Sexual issues
- Dual diagnosis
- Other (specify): \_\_\_\_\_
- None
- Assessment incomplete  
↳ Reason: \_\_\_\_\_

**Recommendations/Referrals**

- School based intervention group  
↳ d/a: \_\_\_\_\_ ↳ m/h: \_\_\_\_\_
- Community based intervention group  
↳ d/a: \_\_\_\_\_ ↳ m/h: \_\_\_\_\_
- Dual treatment
- D/A treatment  
↳ Outpatient: \_\_\_\_\_ ↳ IOP: \_\_\_\_\_  
↳ Partial: \_\_\_\_\_ ↳ Residential: \_\_\_\_\_
- M/H treatment:  
↳ Outpatient: \_\_\_\_\_ ↳ BHRS: \_\_\_\_\_ ↳ Family: \_\_\_\_\_  
↳ Partial: \_\_\_\_\_ ↳ Residential: \_\_\_\_\_ ↳ CTT: \_\_\_\_\_
- Other support services (specify): \_\_\_\_\_
- None

**Outcome of Recommendations/Referrals**

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**Description of Service(s):** \_\_\_\_\_  
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**Service Specific Hours:** \_\_\_\_\_

**Funding:**  SAM  TASC  MA FFS  CCBHO  Private