

**Day Treatment Centralized Committee  
REASON for REFERRAL**

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Please indicate the Reason for Referral to Day Treatment Centralized Committee.**

What is the presenting problem?

1. Is the student having moderate behavioral issues in school?  
Describe.
  
2. Is the student having severe behavioral issues in school that  
Frequently disrupts his/her school day? Describe.
  
3. Is the student's school placement in jeopardy?
  
4. Has the student been hospitalized?
  
5. Other indications that have resulted in this referral (academic,  
home environment, social/emotions.) Please explain.