



## Kamloops Therapeutic Youth At-Risk Referral Form

Today's Date: \_\_\_\_\_

### General Information

Name: \_\_\_\_\_

Age: \_\_\_\_\_

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

Guardianship Status: \_\_\_\_\_

Does this youth have any horse/riding experience? \_\_\_\_\_

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### Referral Information

Referral Agency: \_\_\_\_\_

Lead Contact for Referral Information: \_\_\_\_\_

Lead Contact's email address: \_\_\_\_\_

Lead Contact's phone number: \_\_\_\_\_

### Referral Background Information

The following questions are intended to assist us with making an initial assessment of whether our riding program is an appropriate program for this young person.

What is the primary reason for referring this youth to our program?

Please describe any recent behaviour concerns regarding this youth.

Personality Traits

Strengths: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Aspects in need of Improvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship with Peers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship with Adults: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the youth ever been assaultive to peers or adults? If yes, please explain.

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\_\_\_\_\_

Has the youth been an AWOL risk during the past year?                    YES                    NO

Does this youth have any psychological disorders? If yes, please explain.

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Has this youth been considered as at risk of self-harm during this past year? If yes, please explain.

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Does this youth have a history of arson/setting fires? If yes, please explain.

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Please describe the extent of this youth's use of drugs/alcohol/tobacco (amount of use, impact on youth's behaviour):

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Please describe this young person's school attendance and performance over the past year:

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Has this youth experienced any traumatic events or major change in their life that are believed to be relevant to their current behaviour or this referral?

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**Motivation**

What is the youth's motivation level to attend the program?

WEAK                      MODERATE                      HIGH

Why does or doesn't the youth want to attend the program?

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Family Background (parent's situation, number of siblings etc.)

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Describe the youth's relationship with family members:

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**Medical**

Does the youth have any allergies? If yes, please explain.

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Is the youth on any medication? If yes, please explain including possible side effects.

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Does the student have any physical health limitations or needs that might be of concern? If yes, please explain.

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### **Additional Information**

Please provide any additional information/comments which you feel may be relevant to making an assessment of whether this program is appropriate for this youth's needs:

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### **References**

Please provide contact information for any persons who would be able to provide additional information for this referral or who would be communicating with the young person during the program.

#### **CONTACT #1**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

#### **CONTACT #2**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

CONTACT #3

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_