



# School Collateral Information

Youth Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_  
District: \_\_\_\_\_ School: \_\_\_\_\_  
Parent/Guardian Name & Phone Number: \_\_\_\_\_  
Parent/Guardian Name & Phone Number: \_\_\_\_\_

Is there a custody order for this youth? Yes  No  Unknown

Is there a restraining order/protective order against a parent/guardian? Yes  No  Unknown

If yes, please specify:

Does the youth have any medical conditions? Yes  No  Unknown

If yes, please specify:

Does the youth currently take any medications? Yes  No  Unknown

If yes, please list:

Is youth in foster care? Yes  No  Is youth in group home? Yes  No

Is youth involved with Department of Social Services/ CPS? Yes  No

If Social Worker known, please list name and contact information:

Is youth involved with Department of Probation? Yes  No

If Probation Officer known, please list name and contact information:

Does the youth have a history of substance use or alcohol use? Yes  No  Unknown

If yes, please provide details:

Does the youth have an IEP? Yes  No

If yes, please list disabling condition(s):

Does the youth have any prior mental health or medical diagnosis(es)? Yes  No

If yes, please list:

Has the youth been on a 5150 hold recently or in the past? Yes  No

If yes, please describe:

Has the youth been hospitalized recently or in the past at a psychiatric inpatient facility? Yes  No

If yes, please describe:

Has the youth received outpatient psychiatric treatment or therapy in the past or currently? Yes  No

Please name provider if known:

Does the youth have history of self-harming behavior? Yes  No

If yes, please describe:

Please state why the youth is being brought in today?

Any questions for the provider you would like to ask us?

What services can we help you with?

Do you have any additional information you feel would be beneficial for our provider to know?

Completed by (Name/Title): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_