



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 ☐ Or a Section 504 plan? 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: _____