



Student Intake Form

Student Full Name: _____

Date of Birth: _____ **Gender:** _____ **Nickname:** _____

Address: _____

Home Phone/Cell Phone: _____

Email Address: _____

School: _____ **Grade:** _____ **Student ID#:** _____

Race:

- | | | |
|-----------------------------------|---|--------------------------------|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American | <input type="checkbox"/> Other |
| <input type="checkbox"/> Black | <input type="checkbox"/> Pacific Islander | |
| <input type="checkbox"/> Latino/a | <input type="checkbox"/> White | |

Best Method to Contact Student:

- | | | |
|-------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Home Phone | <input type="checkbox"/> Snap Chat |
| <input type="checkbox"/> Email | <input type="checkbox"/> Instagram | <input type="checkbox"/> Other |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Parent's Cell Phone | |

Student Characteristics:

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Angry | <input type="checkbox"/> Disruptive | <input type="checkbox"/> Low Self-Esteem |
| <input type="checkbox"/> Articulate | <input type="checkbox"/> Follower | <input type="checkbox"/> Mature |
| <input type="checkbox"/> Attention Seeking | <input type="checkbox"/> Friendly | <input type="checkbox"/> Moody |
| <input type="checkbox"/> Capable | <input type="checkbox"/> Happy | <input type="checkbox"/> Polite/Respectful |
| <input type="checkbox"/> Combative | <input type="checkbox"/> Headstrong | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Comical | <input type="checkbox"/> Immature | <input type="checkbox"/> Sad |
| <input type="checkbox"/> Defeated | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Volatile |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Leader | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Disrespectful | <input type="checkbox"/> Likable | <input type="checkbox"/> Other |

Interest/Skills/Strengths/Hobbies:

- | | | |
|---|---|--|
| <input type="checkbox"/> Animation (Computer) | <input type="checkbox"/> Construction | <input type="checkbox"/> Lighting (Stage) |
| <input type="checkbox"/> Art | <input type="checkbox"/> Cooking | <input type="checkbox"/> Make-up |
| <input type="checkbox"/> Audio (Stage) | <input type="checkbox"/> Costume Design | <input type="checkbox"/> Martial Arts |
| <input type="checkbox"/> Auto Mechanics | <input type="checkbox"/> Creative Writing | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Dance | <input type="checkbox"/> Modeling |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Dirt Bikes | <input type="checkbox"/> Motorcycles |
| <input type="checkbox"/> Beat Producer | <input type="checkbox"/> Drama | <input type="checkbox"/> Music |
| <input type="checkbox"/> Bicycles | <input type="checkbox"/> Drawing | <input type="checkbox"/> Music - Instruments |
| <input type="checkbox"/> Boxing | <input type="checkbox"/> Electrical | <input type="checkbox"/> Nails |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Fashion Design | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Fishing | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Child Development | <input type="checkbox"/> Football | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Coding (Computer) | <input type="checkbox"/> Hair | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> Computers | <input type="checkbox"/> IT | <input type="checkbox"/> Pottery |



Student Intake Form

- Public Speaking
- Rapper
- Set Design
- Singer
- Stage Productions

- Swimming
- Track & Field
- Video Games
- Video Production
- Volleyball

- Woodshop
- Writing
- Other

Major Physical/Mental Trauma/Crisis: _____

Trauma Trigger: _____

Additional Background Information: _____

Family Dynamics

Parent/Guardians: _____

Cell/Work Phone: _____

Email: _____

Parent/Guardian Attitude:

- | | | |
|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Combative | <input type="checkbox"/> Frustrated | <input type="checkbox"/> Uninterested |
| <input type="checkbox"/> Concerned | <input type="checkbox"/> Incarcerated | <input type="checkbox"/> Other |
| <input type="checkbox"/> Difficult to Contact | <input type="checkbox"/> Involved | |

Caring Adults

School: _____

Community: _____

Family: _____

Youth Stat Committee Members: _____

DCF Involvement:

- | | | |
|------------------------------|-----------------------------|----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
|------------------------------|-----------------------------|----------------------------------|

Siblings: _____

Significant Other: _____

Children: _____

Incarcerated Parent or Sibling: _____

Family Overview: _____



Student Intake Form

Social Life

Gang Affiliation:

- Bloods
- Exit 8/Play Boys
- Goffee Street Boys
- IBMG (Island Brothers
- Music Group)
- Insane

- Island Boys
- Latin Kings
- Read St.
- Slutwave
- Starr Block/Street
- The Hill

- The Tre
- The Tribe
- The Ville
- Yaitte
- Other

Substance Abuse:

- Alcohol
- Cigarettes
- Cocaine
- Crack
- Ecstasy

- Heroin
- LSD
- Marijuana
- Meth
- Molly

- Mushrooms
- Oxy
- Xanax
- Other

Violence Experienced:

- Bully
- Bullying Victim
- Domestic Violence
- Victim

- Domestic Violence
- Witness
- Drive-By Shooter
- Drive-By Victim
- Gunshot Victim

- Jumped
- Robber
- Shooter
- Other

Social Network Names:

Instagram _____

Twitter _____

Facebook _____

Social Circles: _____

Social Life Details:

Currently Employed? If so, Where? _____

Student Academics

Is Student Truant? If so, how many days truant as of what date? _____



Student Intake Form

In School Behavior:

In School Concerns:

Additional Information:

Mental Health

Special Education?

Yes

No

N/A

Mental Health Evaluation:

Yes

No

Mental Health Condition:

Anxiety Disorder

Bipolar Disorder

Psychosis

Attention Deficit

Depression Disorder

Schizophrenia Disorder

Disorder

Eating Disorder

Self-Harm Disorder

Attention Deficit

Oppositional Defiant

Other

Hyperactivity Disorder

Disorder

Medications:

Details on Mental Health:

Government Cases

Currently Incarcerated:

Yes

No

Unknown

Pending Cases:

Yes

No

Unknown

Arrest/Case Details:

DCF Case:



Student Intake Form

- | | | |
|---------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| DCF Case Type: | | |
| <input type="checkbox"/> Open | <input type="checkbox"/> Family Assessment Response | <input type="checkbox"/> Confidential |
| <input type="checkbox"/> Closed | | |

DCF Case Manager: _____

DCF Details:

- Probation:**
- | | | |
|------------------------------|-----------------------------|----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
|------------------------------|-----------------------------|----------------------------------|

- Probation Type:**
- | | |
|---|--|
| <input type="checkbox"/> Juvenile Probation | <input type="checkbox"/> Adult Probation |
|---|--|

Probation Officer: _____

- Parole:**
- | | | |
|------------------------------|-----------------------------|----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
|------------------------------|-----------------------------|----------------------------------|

Parole Details:

Interventions Needed

Basic Needs Needed:

- | | | |
|---|---|--|
| <input type="checkbox"/> Catholic Charities | <input type="checkbox"/> Gift Card | <input type="checkbox"/> New Haven Housing Authority |
| <input type="checkbox"/> Clothes | <input type="checkbox"/> Hair/Grooming | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Computer/Internet | <input type="checkbox"/> Housing | <input type="checkbox"/> Utility Bill |
| <input type="checkbox"/> Food | <input type="checkbox"/> Hygiene Basket | <input type="checkbox"/> Other |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Medical | |

School Based/Academic Interventions Needed:

- | | | |
|---|--|---|
| <input type="checkbox"/> 504 Plan | <input type="checkbox"/> New Haven Police - School Resource Officers | <input type="checkbox"/> Read 180 |
| <input type="checkbox"/> After School Program | <input type="checkbox"/> New Haven Reads | <input type="checkbox"/> Resource Class |
| <input type="checkbox"/> Career Pathways Tech Collab. | <input type="checkbox"/> Odyssey | <input type="checkbox"/> Saturday School |
| <input type="checkbox"/> Yale Child Study | <input type="checkbox"/> Peer Tutoring | <input type="checkbox"/> School Based Job |
| <input type="checkbox"/> Extended Hours | <input type="checkbox"/> Pull Out | <input type="checkbox"/> School Psychologist |
| <input type="checkbox"/> Math 180 | <input type="checkbox"/> Push In | <input type="checkbox"/> School Social Worker |
| <input type="checkbox"/> Mediation | <input type="checkbox"/> RAP via Integrated Wellness Group | <input type="checkbox"/> SPED Advocate |
| | | <input type="checkbox"/> SSST |
| | | <input type="checkbox"/> Truancy Officer |



Student Intake Form

Youth Stat Summer School

Other

Mental Health Supports Needed:

- ALIVE Program
- Children's Center of Hamden
- Clifford Beers Clinic Referral
- Hill Health Center

- Juvenile Review Board
- My Father My Son Counseling Center
- New Connections
- Rapid Access via Integrated Wellness Group

- Social Worker
- Therapy
- Wakeman Hall Substance Abuse Therapy
- Yale Child Study Center
- Other

Community Based Interventions Needed:

- Abstract Music Studio
- Catholic Charities
- Children's Community Programs
- College Student (Mentor)
- ConnCAT
- Connecticut Junior Republic
- CSSD Programs
- DCF/Raise the Grade
- Gang of Dads (Mentor)
- JAG
- Mentor - Community

- Mentor - Youth Stat
- Mom's Partnership
- My Brother's Keeper (Mentor)
- New Haven Family Alliance - Juvenile Review Board
- New Haven Family Alliance - Street Outreach Worker
- New Haven Housing Authority
- North American Family Institute

- Phenomenal I Am (Mentor)
- Post-Traumatic Stress Center
- Project Youth Court
- Rain of Hope
- STRIVE Forward
- The Escape Teen Center
- Ugly Radio
- VETTS via Integrated Wellness Group
- Youth @ Work Job
- Youth Continuum
- Other

Interventions Needed Details:

Interventions Received

Basic Needs Received:

- Catholic Charities
- Clothes
- Computer/Internet
- Food
- Furniture

- Gift Card
- Hair/Grooming
- Housing
- Hygiene Basket
- Medical

- New Haven Housing Authority
- Transportation
- Utility Bill
- Other



Student Intake Form

School Based/Academic Interventions Received:

- | | | |
|--|--|---|
| <input type="checkbox"/> 504 Plan | <input type="checkbox"/> New Haven Reads | <input type="checkbox"/> School Based Job |
| <input type="checkbox"/> After School Program | <input type="checkbox"/> Odyssey | <input type="checkbox"/> School Psychologist |
| <input type="checkbox"/> Career Pathways Tech Collab. | <input type="checkbox"/> Peer Tutoring | <input type="checkbox"/> School Social Worker |
| <input type="checkbox"/> Yale Child Study | <input type="checkbox"/> Pull Out | <input type="checkbox"/> SPED Advocate |
| <input type="checkbox"/> Extended Hours | <input type="checkbox"/> Push In | <input type="checkbox"/> SSST |
| <input type="checkbox"/> Math 180 | <input type="checkbox"/> RAP via Integrated Wellness Group | <input type="checkbox"/> Truancy Officer |
| <input type="checkbox"/> Mediation | <input type="checkbox"/> Read 180 | <input type="checkbox"/> Youth Stat Summer School |
| <input type="checkbox"/> New Haven Police - School Resource Officers | <input type="checkbox"/> Resource Class | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Saturday School | |

Mental Health Supports:

- | | | |
|---|---|---|
| <input type="checkbox"/> ALIVE Program | <input type="checkbox"/> Juvenile Review Board | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Children's Center of Hamden | <input type="checkbox"/> My Father My Son Counseling Center | <input type="checkbox"/> Therapy |
| <input type="checkbox"/> Clifford Beers Clinic Referral | <input type="checkbox"/> New Connections | <input type="checkbox"/> Wakeman Hall Substance Abuse Therapy |
| <input type="checkbox"/> Hill Health Center | <input type="checkbox"/> Rapid Access via Integrated Wellness Group | <input type="checkbox"/> Yale Child Study Center |
| | | <input type="checkbox"/> Other |

Community Based Interventions Received:

- | | | |
|--|---|--|
| <input type="checkbox"/> Abstract Music Studio | <input type="checkbox"/> Mentor - Youth Stat | <input type="checkbox"/> Phenomenal I Am (Mentor) |
| <input type="checkbox"/> Catholic Charities | <input type="checkbox"/> Mom's Partnership | <input type="checkbox"/> Post-Traumatic Stress Center |
| <input type="checkbox"/> Children's Community Programs | <input type="checkbox"/> My Brother's Keeper (Mentor) | <input type="checkbox"/> Project Youth Court |
| <input type="checkbox"/> College Student (Mentor) | <input type="checkbox"/> New Haven Family Alliance - Juvenile Review Board | <input type="checkbox"/> Rain of Hope |
| <input type="checkbox"/> ConnCAT | <input type="checkbox"/> New Haven Family Alliance - Street Outreach Worker | <input type="checkbox"/> STRIVE Forward |
| <input type="checkbox"/> Connecticut Junior Republic | <input type="checkbox"/> New Haven Housing Authority | <input type="checkbox"/> The Escape Teen Center |
| <input type="checkbox"/> CSSD Programs | <input type="checkbox"/> North American Family Institute | <input type="checkbox"/> Ugly Radio |
| <input type="checkbox"/> DCF/Raise the Grade | | <input type="checkbox"/> VETTS via Integrated Wellness Group |
| <input type="checkbox"/> Gang of Dads (Mentor) | | <input type="checkbox"/> Youth @ Work Job |
| <input type="checkbox"/> JAG | | <input type="checkbox"/> Youth Continuum |
| <input type="checkbox"/> Mentor - Community | | <input type="checkbox"/> Other |

Interventions Received Details:
