



How might this child/youth benefit from day treatment?

Please provide a summary of the child/youth's current treatment services including engagement in treatment, family engagement in treatment and/or progress in treatment.

Please provide a summary of current safety/risk concerns including information such as: does the child/youth leave home and/or school without permission; does the child/youth engage in self-harming behaviors; does the child/youth experience suicidal and/or homicidal ideation; has the

Please provide a list of current medications that the child/youth is taking (name of medication and dosage).

Please provide a summary of the child/youth's current functioning in school. If the child/youth has an IEP, please include that information in this section.

Is there any other information that would be helpful to consider in evaluating the referral?

Required attachments