

teen intervene

Referral Form

Teen Intervene is a harm reduction program designed to work with teens ages 12 – 17 years old experiencing problems related to mild to moderate use of alcohol, tobacco, or other drugs. The referred teen works one-on-one with an educator to (1) identify the reasons why they have chosen to use alcohol or other drugs, (2) examine the effects of substance use in their lives, and (3) learn skills to make healthier choices.

Teen Intervene is not an appropriate program for teens who (1) have a DSM-5 severe level Substance Use Disorder (SUD) where they show a loss of control regarding their substance use or have developed a significant tolerance, (2) are daily substance users, or (4) have untreated mental health disorders.

Student Information	
Name:	School:
Grade:	Date of Birth:
Preferred Location of Programming: <input type="checkbox"/> School <input type="checkbox"/> Community Building (please specify any preference): _____	Recent Consequences From Use (If Any): <input type="checkbox"/> Academic Suspension <input type="checkbox"/> Suspension from extracurriculars <input type="checkbox"/> Mandated Programming
Day(s) of the week available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Time(s) of the day available: <input type="checkbox"/> Earlier than 8:00 am (before school) <input type="checkbox"/> 8:00 am – 11:00 am <input type="checkbox"/> 11:00 am – 3:00 pm <input type="checkbox"/> 3:00 pm or later (after school)

Referrer's Information	
Name:	Date Referred:
Email:	Phone:
Relationship to Teen:	
<input type="checkbox"/> Teacher/Teaching Assistant <input type="checkbox"/> School Administration (Mandated Referral) <input type="checkbox"/> School Administration (Non-Mandated Referral) <input type="checkbox"/> School Counselor/Psychologist/Social Worker	<input type="checkbox"/> Coach/Sports <input type="checkbox"/> Peer <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Other Family Member <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Community Agency <input type="checkbox"/> Self <input type="checkbox"/> Other: _____

Presenting Behaviors

Primary Concern:

- | | |
|--|---|
| <input type="checkbox"/> Alcohol Substance Use/Abuse | <input type="checkbox"/> Interpersonal Relations |
| <input type="checkbox"/> Tobacco Use/Abuse | <input type="checkbox"/> COA/COSA (Child of Alcohol/Substance User) |
| <input type="checkbox"/> Academic/Work Problem(s) | <input type="checkbox"/> Behavior Problem |
| <input type="checkbox"/> Family Problem(s) | <input type="checkbox"/> Mental Health Problem |
| <input type="checkbox"/> Peer Rejection | <input type="checkbox"/> Problem Gambling |
| <input type="checkbox"/> Attendance/Truancy Problems | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Crisis | |

Potential Risk Factors

- | | |
|---|--|
| <input type="checkbox"/> Attention Deficit and Hyperactivity Disorder (ADHD, ADD) | <input type="checkbox"/> Friends engaged in other problem behaviors |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Friends engaged in substance use |
| <input type="checkbox"/> Availability and access to alcohol and other drugs | <input type="checkbox"/> Genetic predisposition to substance abuse and addiction |
| <input type="checkbox"/> Availability and access to gambling | <input type="checkbox"/> Impulsivity |
| <input type="checkbox"/> Consequences (direct or indirect) of problem gambling | <input type="checkbox"/> Laws and norms favorable toward substance use |
| <input type="checkbox"/> Consequences (direct or indirect) of substance use | <input type="checkbox"/> Low commitment to school |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Low perceived harm of problem gambling |
| <input type="checkbox"/> Early and persistent antisocial behavior | <input type="checkbox"/> Low perceived harm of substance use |
| <input type="checkbox"/> Early initiation of problem gambling | <input type="checkbox"/> Low self-regulation |
| <input type="checkbox"/> Early initiation of substance use | <input type="checkbox"/> Parental attitudes favorable toward alcohol or drug use |
| <input type="checkbox"/> Family history of substance use among parents, caregivers, siblings | <input type="checkbox"/> Parental attitudes favorable toward problem gambling |
| <input type="checkbox"/> Family history of problem gambling among parents, caregivers, siblings | <input type="checkbox"/> Persistent family conflict |
| <input type="checkbox"/> Family management problems | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Favorable attitudes toward antisocial behavior | <input type="checkbox"/> School isolation |
| <input type="checkbox"/> Friends engaged in problem gambling | <input type="checkbox"/> School risk factors |
| | <input type="checkbox"/> Sensation seeking |

Additional Information

Please list any other mental health/behavioral concerns:

Please list any additional programs/organizations that the student or family currently participates in:

Additional comments:

Referrer Name (Print)

Signature

Date

Educator Name (Print)

Signature

Date

Please email the completed referral form to seawayvalleyprevention@svpc.net