This form is to be completed by CFST Leaders as part of the decision making process for a student’s inclusion in the CFST program. After a student is identified as a potential candidate for CFST services CFST leaders should enter the referral, then utilize school based resources such as attendance, discipline and health records to complete this form. Other sources of information may include regularly available resources (e.g. talking to other staff, etc.). While gathering this information does not have to be a lengthy process, it should be deliberate enough to adequately inform the CFST leaders in their decision making process. Once completed the CFST leaders should be better enabled to decide whether the case is appropriate for the CFST program.

**Directions:** Please answer the following questions as accurately as possible when considering whether or not to provide services to a student through the CFST. Use extra space on the back for notes, comments, etc.

**As a precautionary measure make sure to search for each student’s name in the case management system BEFORE adding him or her to the student list as another case.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the referred student enrolled in this CFST school?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Yes (continue to question #2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ No (student cannot be served through the CFST at this school.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Not currently enrolled but plan is to transition to this school</td>
<td></td>
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<tr>
<td>2. Does the referred student have a need(s) that places him or her at risk for academic failure or out of home placement?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Yes (continue to question #3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ No (student cannot be served through the CFST)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*These needs meet the criteria for CFST services without any other considerations. However it is necessary to complete the entire form before making a determination.*

- Retained one or more years in the past
- Failed 2+ core subjects (or subjects that will prevent graduation) in a recent semester or last school year
- EOC/EOG (score <2)
- Accumulated 10+ unexcused absences or 20 absences for any reason.
- Pregnant/Parenting
- Open CPS In-Home Services Case
- In DSS Foster/kinship care
- In DJDP court ordered supervision
- Adult Probation
- Attempted suicide or suicidal ideations
- Leveled Therapeutic Placement/Group Home
- Homeless/Unaccompanied
- Frequently tardy or leaves school before school day is over
- Accumulated 6+ but less than 10 unexcused absences
- Socially awkward; difficulty building relationships with peers
- Family income too low to provide basic necessities
- Has been suspended from school for disciplinary reasons
- Experience w/bullying as victim or bullying others
- Non-compliant with a behavioral/mental health, or medical health service plan
- Non-compliant with medications (for behavioral or medical health conditions)
- Observed behavioral/mental health behaviors (e.g. impulse control, withdrawn, noted behavioral change) that negatively impacting academic performance
- High Risk behavior (substance abuse, sexual behavior)
- Parent or caretaker deployed with the military
- Experienced the death/illness leading to death of a parent, caretaker or closely connected individual.
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- Chronic/acute disease that is negatively impacting academic performance
- Issues noted on the Pre-K or Kindergarten Health Assessment
- Parental Behavior/Circumstances (substance abuse, mental health concerns, suspected abuse/neglect)
- Parent/Caretaker Incarceration
- Victim of natural disaster
- Known gang involvement
- History of excessive absences from the previous school year

Description of the how needs are connected to the student’s lack of capacity to succeed academically or live in a stable home:

________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________

3. Is the student receiving appropriate services to meet the need(s) at the time of the referral?

(Note: “appropriate services” are those that are effectively meeting all of the student’s needs. It is possible that students are being served by other agencies, but continue to experience issues connected that negatively impact academics. In such cases, it is appropriate to serve those students through the CFST.)

☐ Yes (student cannot be served through the CFST)  ☐ No (Approved for CFST - continue to question #4)

If “yes”, what are the services?

________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________

4. Is the referred student’s need(s) being addressed in an open CFST case?

☐ Yes (please do not duplicate the need)  ☐ No (please follow the protocol to connect the student to CFST Services based on his/her need(s))

Notes/Comments: