



EARLY INTERVENTION TEAM REFERRAL

Youth Name: _____ Referral Source: _____

DOB: _____ Age: _____ Grade: _____

School: _____

Address: _____

Parent/Guardian: _____ Relationship: _____

Cell # _____ Work # _____ Home # _____

Parent/Guardian: _____ Relationship: _____

Cell # _____ Work # _____ Home # _____

Parent/Guardian aware of referral? YES/NO

Reason for referral ie) school attendance, behavior issues at home/school, social/emotional issues

Strategies already attempted ie) behavior plan, Student Assistance Team, services offered

Please attach additional sheets or information as needed to provide information about youth.

Please return completed forms to either:

Officer Becky Leger
School Resource Officer
JFK Middle School
860-763-8893
rleger@enfield.org

Joanna Fornwalt, MSW
Social Worker, Enfield Youth Services
19 N. Main St. Enfield CT
860-741-4024
jfornwalt@enfield.org