PETER JAMES DEVELOPMENT & INDEPENDENT LIVING, INC.
Pete Pruitt, M.Ed – Executive Director

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Akron, OH 44303

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Date of Referral

Name: _____

Birthdate: _____/_____/_____ Social Security # _____-_____-_____

Street Address: _____ State: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Insurance Name: _____ ID# _____

Parent/Guardian's Name (if client is a minor): _____

Other Social Service Agency Involved	Name of Agency	Type of Support Service
☐ DCFS Involvement ☐ Mental Health ☐ Court System ☐ Other:		

Rate all your concerns. **N/A = Not observed, 1 = Never, 5 = Always**

Aggression: Arguing, forcing submission, bullying, fighting, stealing
N/A 1 2 3 4 5
Disruptive Classroom Behavior: Defiance, noncompliance, not following rules, out of designated area
N/A 1 2 3 4 5
Hyperactive Behavior: Tantrums, disturbing others, excess energy
N/A 1 2 3 4 5
Withdrawn Behavior: prefer being alone, non-participation, unresponsive to social initiations, not talking with others
N/A 1 2 3 4 5
Depressed Mood: Overall sadness, low/restricted activity levels, crying, poor appetite
N/A 1 2 3 4 5
Unassertiveness: Shy, being timid, not standing up for oneself
N/A 1 2 3 4 5
Anxiety: Acting in fearful manner, appears overly stressed, inability to cope with daily functioning
N/A 1 2 3 4 5
Other Concerns (please list):

Suspected Neglect / Abuse (Check all that apply) ☐ physical ☐ emotional ☐ sexual ☐ educational

QBHS Name: _____ Phone: _____

Please submit form to airianp@peterjamesdev.com

Our Mission/Purpose: "Helping individuals and families to maintain their independence and highest quality of life!"