

**CLERMONT COUNTY BOARD OF DD**  
**BEHAVIOR SUPPORT (for internal use)**  
**REFERRAL FOR CONSULTATION**

**Referral Date:**

**Name of individual:**

**Address:**

**DOB:**

**Legal Guardian:**

**Name of referral source:**

**Department:**

**SUPPORT TEAM MEMBERS (include care providers; day program; family, etc.):**

**KNOWN DIAGNOSES (Developmental; Mental Health; Medical)**

**PRIMARY REASON FOR REFERRAL:**

**IS DATA CURRENTLY BEING COLLECTED ?**  Yes  No (If yes, please include with this referral)

**HAS THIS INDIVIDUAL EXPERIENCED ANY KNOWN TRAUMA HISTORY?**  Yes  No

IF YES, PLEASE EXPLAIN:

**School Age Staff:** Submit referral to the Wildey School Principal

**All Other Departments:** Submit to the CCDD Behavior Support Coordinator

***Share/Community Support Services/Behavior Support/FORMS/Behavior Support Referral Form***