



Prairie View Prevention Services, Inc. Agency Referral Form –

**THREAT ASSESSMENT**

PVPS, Inc. 822 E. 41<sup>st</sup> St., Suite #235, Sioux Falls, SD 57105

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**Name of School:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Child's Home Address:** \_\_\_\_\_

**Parent(s)/Guardian(s):** \_\_\_\_\_

**Phone #: (h)** \_\_\_\_\_ **(w)** \_\_\_\_\_ **(other)** \_\_\_\_\_

**Presenting Issue:**

\_\_\_\_\_

\_\_\_\_\_

**Please use back of form or second sheet if necessary**

**To be completed by referring school personnel- Please complete ENTIRE section:**

1) Referring for: Threat Assessment

2) Whom to contact to set up appointment:  
 Parent/guardian  Counselor  Student  Other \_\_\_\_\_  
 Phone #: (h) \_\_\_\_\_ (w) \_\_\_\_\_ other: \_\_\_\_\_  
 Best Time to Contact \_\_\_\_\_

3) Time of day student/family can meet:  Mornings  Afternoons  Evenings  Saturdays

4) Referring to:  Male Counselor  Female Counselor  No Preference

5) Additional paperwork regarding the client attached.  Yes  No

6) Submitted by: \_\_\_\_\_ 7) Date: \_\_\_\_\_

7) Phone #: \_\_\_\_\_ 8) E-mail address: \_\_\_\_\_

**Consent for Information Disclosure: Parent/Guardian Signature Required Before Any Action Will be Taken**

I, \_\_\_\_\_ hereby authorize the exchange/release of information between PVPS and myself. The purpose of and need for disclosure is to set up assessment and/or counseling sessions. I understand that communication via **Phone (Number: \_\_\_\_\_)** or **Email (Email Address: \_\_\_\_\_)** will be used and messages may be left. I also authorize the exchange of any and all information pertaining to this threat assessment between PVPS & its representatives with the referring school. I understand that this consent will remain in effect and cannot be revoked by me until six months from date of signing.

Dated: \_\_\_\_\_  
 Parent/Guardian  
 Signature(s) \_\_\_\_\_

**For PVPS office use only:**

Referred to: \_\_\_\_\_ Date: \_\_\_\_\_ PVPS Staff Member: \_\_\_\_\_

Follow Through: Y/N Discharge date: \_\_\_\_\_ Chart #: \_\_\_\_\_

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