



Big Brothers Big Sisters
of North Central West Virginia

PROFESSIONAL EVALUATION and/or REFERRAL

Please keep in mind that Big Brothers Big Sisters of North Central West Virginia is a prevention-based agency. Children who are in need of intervention services may not be properly serviced by our program.

REFERRALS:

We ask that you inform the parent that you are sending the child's name to our agency.

Date: _____

Agency/Group: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Person making referral or evaluation: _____

Name of child: _____

Gender: _____ Age: _____

Parent or Guardian: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

REFERRALS ONLY:

Is the child's parent or guardian aware that this child is being referred to Big Brothers Big Sisters of North Central West Virginia? Yes No

Is the parent supportive? Yes No

Is the child aware of your referral? Yes No

Is the child willing to participate? Yes No

Please define the nature and frequency of your contact with this child?

PROFESSIONAL EVALUATION/REFERRALS

1. As a professional to the child recommended for the Big Brother Big Sister program, are you a: ____ psychiatrist ____ psychologist ____ social worker ____ clergy ____ teacher ____ other? (please check which applies)
2. Please describe the type and frequency of treatment/services that you are providing the child.
3. Are you, or associate members of your agency or group, providing treatment/services to other members of the family? If yes, who?
4. What is the length of time of your professional association with this child and/or family?
5. Describe the personality of the child?
6. Describe the personality of the child's parent or guardian?
7. Describe the parent/guardian and child's relationship?
8. A Big Brother, Big sister or Big Couple offer friend, a positive role model, and new opportunities to a child. In what specific ways do you think our program can help this child?
9. How long would you anticipate continuing your treatment/ services of this client?
10. Would you be interested in meeting with the child's Big Brother, Big Sister or Big Couple once matched?
11. Please summarize your diagnoses and other relevant information about the child, the child's family, and other problems. (attach an additional sheet if necessary.)

Please answer the following questions concerning the child.

1. Does the child appear to need individual attention as a routine? [] Yes [] No
2. Is the child culturally or economically disadvantaged? [] Yes [] No
3. Does the child seem to have few age appropriate friends? [] Yes [] No
4. Does the child exhibit poor social skills [] Yes [] No
5. Does the child exhibit poor hygiene? [] Yes [] No
6. Does the child exhibit poor manners? [] Yes [] No
7. Does the child appear to lack adequate support and attention from one parent or other stable adult?
[] Yes [] No
8. Is the child an underachiever in school? [] Yes [] No

9. Is the child overly dependent? Yes No
10. To your knowledge, does the child have older siblings who have had some significant problems with social and/or community adjustment? Yes No
11. Is the child insecure and/or lacks trust of adults? Yes No
12. Does the child become overly emotional frequently? Yes No

Please evaluate this child in the following competency areas.

Physical Competence	Superior	Above Average	Average	Below Average	Poor
Gross motor skills					
Fine motor skills					
Personal hygiene					
Fitness/athletics					
General health					

Social Competence	Superior	Above Average	Average	Below Average	Poor
Sensitivity and caring toward others					
Friendship with peers					
Relationships with adults					
School and class participation					
Communication skills					
Respect and attitude towards others					
Adaptability					
Anger Management and conflict resolution					

Personal Competence	Superior	Above Average	Average	Below Average	Poor
Self-discipline					
Assertiveness					
Self motivation					
Sense of humor					
Enjoyment of life					
Self-confidence					
Daily living skills					
Level of self-esteem					

Character	Superior	Above Average	Average	Below Average	Poor
Trustworthiness					
Cultural awareness and acceptance					
Citizenship					
Responsibility					
Fairness					

Thank you for your assistance in providing this information to our agency. Please be assured any information provided will be kept confidential. If you have any questions, please feel free to contact the agency.

Big Brothers Big Sisters Case Manager: _____

Telephone: _____

Signature of Person Completing Form

Title

Agency

Date