

HEALTHY RELATIONSHIPS AND SEXUALITY

REFERRAL/INTAKE FORM

Participant's Name: _____

Service Coordinator/Case Manager: _____

Why is this person interested in participating in the group?

Please answer the questions below to describe this person's learning and communication style.

1. Does the participant communicate verbally? Yes No

If not, how does he/she communicate? _____

2. Is the participant easy to understand if someone is not familiar with him/her?

Yes No

3. Is the participant able to comprehend what they read? Yes No

4. Is he/she able to draw simple pictures? Yes No

5. Is the person able to write words? Yes No

Sentences? Yes No

6. Is the participant shy with new people? Yes No

7. Is he/she able to participate in a group of approximately _____ (you identify a number of a typical group size)? Yes No

8. How would you describe his/her learning style? (an auditory learner, he/she needs lots of demonstrations, only a couple demonstrations, he/she needs one on one assistance)

(over)

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REFERRAL/INTAKE FORM (continued)

Please describe what you think the person's familiarities with the following concepts are on a scale of 1 to 10: (1 = knows very little information and 10 = knows lots of information)

1. Sexual parts and how they work: _____
2. Sexual relationships and acts: _____
3. Differentiating between types of relationships: _____
4. Consent and illegal sexual activities: _____
5. Public/Private: _____

Are there any risk factors and/or personal history relating to relationships and sexuality that the facilitators should be aware of? Yes No

If yes, _____

(If so, please ask the person before sharing any confidential information. If the person chooses to share his or her story, please provide the person with the opportunity to speak directly to the facilitators.)