



**Criminal Justice Coordinating Council  
Clayton County Juvenile Court**

**THINKING FOR A CHANGE (T4C) REFERRAL FORM**

|   |  |                                    |   |
|---|--|------------------------------------|---|
| <b>Referral Date:</b>   |  | <b>Youth Name:</b>                 |   |
| <b>Date of Birth:</b>   |  | <b>Complete Address:</b>           |   |
| <b>Male:</b> <input type="checkbox"/> <b>Female:</b> <input type="checkbox"/> |  |                                    |   |
| <b>Parent/Guardian Name:</b>  |  | <b>Parent/Guardian Contact No:</b> |   |
| <b>Grade:</b>   |  | <b>School:</b>                     |   |
| <b>Special Education:</b>   | Yes: <input type="checkbox"/> No: <input type="checkbox"/> | <b>Community Service Ordered:</b>  | Yes: <input type="checkbox"/> No: <input type="checkbox"/>                                    |
| <b>PDRA Score (must be 2 or higher):</b>                                      |  | <b>Drug Screens Ordered:</b>       | Yes: <input type="checkbox"/> No: <input type="checkbox"/>                                    |
| <b># of Del Adjudications:</b>  |  | <b>Most Recent Offense:</b>        |   |
| <b>Date of Disposition:</b>   |  | <b>Most Serious Offense:</b>       |   |
| <b>PO Name:</b>   |  | <b>Gang Affiliation:</b>           | Yes: <input type="checkbox"/> No: <input type="checkbox"/> Not Sure: <input type="checkbox"/> |
| <b>PO Contact Number:</b>   |  | <b>PO E-Mail Address:</b>          |   |

**Signature of Approving Supervisor:** \_\_\_\_\_

|  |   |
|--|---|
| <p><b><u>Appropriate Youth</u></b></p> <ul style="list-style-type: none"> <li>Youth has made threats or assault against school staff, peers, parents and/or siblings</li> <li>Youth has a history of aggression (i.e. intimidating others, engaging in malicious teasing, taunting and name calling, spreading cruel rumors, and/or encouraging other to reject or exclude someone)</li> <li>Youth meets the criteria for oppositional and defiant disorder or other related behavior disorder</li> <li>Youth is chronically emotionally reactive/explosive</li> <li>Youth exhibits impulsive and disruptive behaviors</li> <li>Youth often suppresses anger or has difficulty expressing anger and emotion</li> </ul> | <p><b><u>Thinking for a change (T4C)</u></b></p> <ul style="list-style-type: none"> <li>Targets at-risk youth ages 13-17</li> <li>Focuses on improving social skill competence &amp; moral reasoning, to better manage anger &amp; reduce aggressive behavior</li> <li>The three components addressed are behavioral (pro-social skills) emotional (anger control training) and values (moral reasoning)</li> <li>Youth participate in each component on a weekly basis</li> <li>Closed group intervention; Length of treatment: 10 weeks meeting 2-3 x a week; Group size 8-12;</li> <li>Uses activities include modeling, role playing , performance feedback and structured reporting checklist</li> </ul> |
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**REFERRAL PACKET TO INCLUDE:**

Social History  Any Psychological/ Mental Health/ Substance Abuse Evaluation  Court Order  Juvenile Legal History  PDRA Score Sheet  Conditions of Probation  Educational Records

**Date of Provider Staffing:** \_\_\_\_\_

**Disposition Decision (to be completed by T4C Staff):**

Accepted for T4C Services  Family Signed Agreement to Participate Date Services Initiated: \_\_\_\_\_

Not Accepted:  Inappropriate for T4C Services;  Service Not Available  Other Reason: \_\_\_\_\_

T4C Therapist Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Email Referrals to [referral@gharbour.net](mailto:referral@gharbour.net) or Fax to 678-669-2693  
Questions: Contact Michelle Green at 770-502-0308