



**Steps for Achievement  
 Nationwide Children's Big Lots Behavioral Health Services  
 Columbus City Schools Summer Group  
 REFERRAL FORM**

(All sections MUST be completed for referral to be accepted)

**Child's Name:** \_\_\_\_\_ **Date of Referral:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number (all available):** \_\_\_\_\_

**Parent/Guardian Name(s).** \_\_\_\_\_

**Emergency Contact Name(s).** \_\_\_\_\_

**Telephone Number (all available):** \_\_\_\_\_

**Grade:** \_\_\_\_ **Age:** \_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Home School:** \_\_\_\_\_

*The student is not required to attend summer school to participate in the SFA group. If the student is enrolled in summer school transportation is provided to and from the group. If the student is not enrolled in summer school transportation is only provided home. Bus passes are also available if needed.*

**Is student attending Summer School at Champion or Walden at Woodward Park?**

**Y / N**

**Which site?** \_\_\_\_\_

**I consent to my child participating in the SFA group facilitated by a licensed therapist from the Behavioral Health School Based program at Nationwide Children's Hospital.**

**Guardian Name:** \_\_\_\_\_ **Guardian Signature:** \_\_\_\_\_

*Return to Kam Twymon @ Kamilah.Twymon@nationwidechildrens.org*