

Name of Student: _____ Student ID#: _____

Date of Birth: _____ Grade: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

Phone (Home): _____ (Work): _____ (Cell): _____

Name of person completing form: _____ Current School: _____

Does student have an IEP? YES NO

Case Manager _____ Re-Eval Date: _____

Does student have a 504 plan? YES NO

CURRENT SERVICES THE STUDENT IS RECEIVING (Please provide name & agency)

School Psychologist/Social Worker/Counseling: _____

County Social Worker: _____

Medical Provider: _____

Therapist: _____

HEALTH INFORMATION:

Please list any medical diagnosis: _____

Any medications that need to be administered in school? YES NO

Emergency Health Care Plan in Place? YES NO

AREAS OF CONCERN: (check all the apply)

Academic Need Indicators		Other Areas of Concern	
<input type="checkbox"/>	Below Grade Level	<input type="checkbox"/>	Mental Health Concerns
<input type="checkbox"/>	Low performance on standardized exam	<input type="checkbox"/>	History of trauma or abuse
<input type="checkbox"/>	Struggles with engagement in Core	<input type="checkbox"/>	History of unstable housing
<input type="checkbox"/>	English Language Learner	<input type="checkbox"/>	Isolation From Peers
<input type="checkbox"/>	Low Motivation	<input type="checkbox"/>	Socially Inappropriate Comments
<input type="checkbox"/>	Excessive Off-Task Behavior	<input type="checkbox"/>	Low Self-Esteem/ Self concept
<input type="checkbox"/>	Difficulty in large classes	<input type="checkbox"/>	Poor Organizational Skills
<input type="checkbox"/>	Failure to complete assigned work		
<input type="checkbox"/>	Excessive Absences		

TO BE COMPLETED BY PRINCIPAL AT REFERRING SCHOOL:

Referred by _____ Title _____

Referring School _____ Date _____

In what areas was the student successful at school?

Does the student want to attend Riverside Right Fit SIS? YES NO

If the student does not want to attend, do you believe it would be the best possible placement?

YES NO

Did the Parent/student initiate the referral process? YES NO

Comments: _____

If you have questions regarding this application please contact Riverside front Office (507) 328-3700.

Attach a copy of the following documents, if applicable:

- IEP
- Emergency Health Care Plan
- 504
- ROI for Providers

You may return your application:

- By School Mail – Matt Ruzek Riverside Principal
- By email: maruzek@rochester.12.mn.us
- Drop off material at Riverside 506 5th Ave SE, Rochester, MN