



MORGAN COUNTY SCHOOLS
GUIDING CHILDREN – INSPIRING FUTURES
RALPH W. HAMILTON, Ed.D., SUPERINTENDENT

Extended School Services Referral Form

Student Name: _____ Grade: _____ Age: _____

Gender: _____ Person Making Referral: _____

Circle one: Before/After School or Daytime ESS

REASON FOR REFERRAL: (Check all that apply)

- Does not understand concepts
- Needs direct instruction
- Needs more time to complete class work or project
- Needs to prepare for a test low grades, risk of failing class
- Other: _____

AREAS OF CONCERN: (Check all that apply)

- Reading
- Mathematics
- Composition
- Science
- Social Studies

ESS Teacher's Signature & Date

Classroom Teacher's Signature & Date

Parent's Signature & Date