

Riverside Right Fit School Within a School Referral Form

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: _____
Date of referral: _____

We've observed the following unique qualities about this student: (check all that apply)

- Possesses one or more "islands of expertise" such as _____
- Excels in a smaller learning community
- Values real-life application in learning experiences
- Needs support in academic stamina
- Peer and/or adult relationships - needs support OR demonstrates strength
- Could use strategies for self-regulation
- Is below or above grade level in one or more academic subject areas (please circle one)
- Demonstrates exceptional creativity
- Does not see value in school-based learning
- Benefits from flexibility in and choice in learning schedule
- Undervalues their potential as a learner in a school setting

This student would find success in these areas: (check all that apply)

- Support by a team of education and health professionals
- Personalized learning goals
- Opportunities to design, complete, and share projects based on their own passions and interests
- Experience learning through a variety of community opportunities

Specifically, we are interested in the Right Fit program for this student because...

This student is motivated by...

Name of Student: _____ Student ID#: _____

CURRENT ACADEMIC/SCHOOL-BASED SERVICES THE STUDENT IS RECEIVING

Does student have an IEP? YES NO

Case Manager: _____ Re-Evaluation 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 Needs

- Below grade level
- Low performance on standardized exam
- Struggles with engagement in core learning
- English language learner
- Low motivation
- Excessive off-task behavior
- Difficulty in large classes
- Failure to complete assigned work
- Excessive absences

Social-Emotional Needs

- Mental health
- History of trauma or abuse
- History of unstable housing
- Isolation from peers
- Socially inappropriate comments
- Low self-esteem/self-concept
- Poor organizational skill

School Administration

Does the student want to attend Riverside Right Fit School Within a School? YES NO

If no, do you believe Right Fit would be the best possible placement? YES NO

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

Comments: _____

Return application to

Erin Rahman, Riverside Principal

Email: errahman@rochester.k12.mn.us

Mail or drop-off: Riverside, 506 5th Ave SE, Rochester, MN 55904

If you have questions regarding this application please contact the Riverside office at (507) 328-3700.