



Alternative Community, and Correctional Educational Schools and Services

COMMUNITY SCHOOL REFERRAL

Student's Name: _____ A.K.A. _____ CALPADS SSID #: _____
Last First Middle

D.O.B. _____ Grade: _____ Hm. Phone: _____ Cell Phone: _____

Last School Attended: _____ Last District Attended: _____

Parent Guardian Caregiver Name: _____ Private/Charter: Yes No

Address: _____ City: _____ Zip _____

<p>Please attach following items:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attendance Record <input type="checkbox"/> Immunization Certificate <input type="checkbox"/> Current Transcript <input type="checkbox"/> Proof of withdrawal from last school of attendance <input type="checkbox"/> Copy of IEP and/or other reports (if applicable) <input type="checkbox"/> CAHSEE results <input type="checkbox"/> CELDT results <input type="checkbox"/> Yes <input type="checkbox"/> No Section 504 Plan If yes, please attach <input type="checkbox"/> Yes <input type="checkbox"/> No Individual Health Plan If yes, please attach 	<p>Please provide the following information:</p> <p>Special Education <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes)</p> <p><input type="checkbox"/> SAI <input type="checkbox"/> DIS. S/L <input type="checkbox"/> DIS/PSY</p> <p><input type="checkbox"/> DIS/HEALTH <input type="checkbox"/> DIS/Counseling</p> <p><input type="checkbox"/> District Sp. Ed. History-Exited</p> <p><input type="checkbox"/> Transition to ACCESS</p> <p>IEP Date _____</p> <p><input type="checkbox"/> Enrolled in U.S. Schools less than 3 Cumulative Years</p>	<p>ELPAC/CELDT-Language Proficiency</p> <p><input type="checkbox"/> English Only (EO) <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Initially Fluent English Proficient (IFEP) Initial Identification Date Tested _____</p> <p><input type="checkbox"/> Redesignated Fluent English Proficient (RFEP) Redesignated by District/Date _____</p> <p><input type="checkbox"/> English Learner (EL)</p> <p><input type="checkbox"/> ELPAC/CELDT Proficiency Level _____</p> <p><input type="checkbox"/> 1st year enrolled in school in U.S. _____</p> <p><input type="checkbox"/> Year enrolled in California Public School _____</p>
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REASON FOR REFERRAL

Disruptive Behavior Teen Parent Inability to function appropriately in school Parent Request
 Substance Abuse Special Education Needs Expulsion Mandatory Non-Mandatory Runaway
 Medical Social Services Truancy (4 Dates: _____)
 Other (Describe): _____

<p>ATTEMPTED INTERVENTIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Educational Counseling <input type="checkbox"/> Schedule Modifications <input type="checkbox"/> Parent Conferences <input type="checkbox"/> SARB <input type="checkbox"/> Suspension _____ days <input type="checkbox"/> Other _____ 	<p>PREVIOUS EDUCATIONAL ALTERNATIVES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continuation High School <input type="checkbox"/> Adult Education <input type="checkbox"/> R.O.P. <input type="checkbox"/> Work Experience <input type="checkbox"/> ESL/LEP Bilingual <input type="checkbox"/> Other _____
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Comments: _____

RECOMMENDATION:

ADMIN UNIT: CHEP/PCHS Garden Grove Harbor Learning Center North South East Sunburst

<p><u>Please check box if applicable : (For Office Use Only)</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Section 1981 (a) District Expulsion <input type="checkbox"/> Section 1981 (b) SARB <input type="checkbox"/> Section 1981 (d) Parental Request/District Approval 	<p>Section 1981 (c)</p> <p>(1) Probation status <input type="checkbox"/> 601 <input type="checkbox"/> 602 <input type="checkbox"/> 654 <input type="checkbox"/> 725 <input type="checkbox"/> 726 <input type="checkbox"/> 727 <input type="checkbox"/> 790</p> <p>(2) <input type="checkbox"/> On probation or parole and not in attendance in any school</p> <p>(3) <input type="checkbox"/> Expelled: Section 48915 (a) or (c)</p>
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REFERRAL – REVIEW & CERTIFICATION

Referring District/School	Print CWA/Designee Name and Title	Signature	Date
OCDE Representative	Print Name and Title	Signature	Date
Probation Representative	Print Name and Title	Signature	Date

Certified pursuant to Orange County Juvenile Court Order Filed December 21, 2001

Juvenile Court Representative _____

Parent Guardian Caregiver _____ Date _____

Student Signature _____ Date _____