Restart Referral Package 2021-2022

(Submit to the Center of Opportunity one week prior to referral meeting for review)

Student Name: Gender: ☐ Male ☐ Female	DOB:	Age:
Current Grade:	Referring School:	
Student Address:	Social Security #:	
Parent/Guardian Name:	Relationship: ☐ Mother ☐ Father ☐ Grandparent ☐ Aunt/Uncle ☐ Case Worker ☐ Other (specify)	
Parent/Guardian address: (if different from student)	Home Phone: Work Phone: Cell Phone: Emergency Contact:	
EC Classification: ☐ None ☐ LD ☐OHI ☐ BED ☐ EMD ☐ Other Services	Date of Referral:	

Documents Required For Completion of Referral Process:

☐ Written documentation of a conference or phone contact with the parent/guardian notifying them of the intention to refer to alternative education services

☐ MTSS/IABS Process has been completed and followed with approach documentation

☐ School records (Test scores, Attendance, Transcripts, EC Status, include a copy of the IEP, Behavior Intervention Plan, Health concerns, etc.)

☐ IEP ☐ 504 Plan ☐ ESL

☐ Current academic schedule and grades

☐ Discipline profile

ALL DOCUMENTATION MUST BE ATTACHED TO REFERRAL PACKAGE BEFORE PACEMENT IS CONSIDERED

Rationale for Requesting Services: (check all that apply)

☐ Frequent discipline referrals (specify below)
- ☐ More than 3 referrals this school year
- ☐ More than 5 referrals this school year
- ☐ More than 10 referrals this school year

☐ Out of School suspensions (specify below)
- ☐ More than 3 referrals this school year
- ☐ More than 5 referrals this school year
- ☐ Student is on homebound services

☐ In School Suspensions (specify below)
- ☐ More than 3 referrals this school year
- ☐ More than 5 referrals this school year
- ☐ More than 10 referrals this school year

Goals To Achieve in Alternative Education Services:

☐ Decrease aggression ☐ Decrease hyperactivity ☐ Strengthen peer relations

☐ Increase attendance ☐ Decrease impulsivity ☐ Decrease anxiety

☐ Increase academic performance ☐ Increase verbalization of feelings

☐ Increase respect towards authority figures ☐ Other:

Additional Comments:

Signature/Title of Staff Completing Referral Information:

Referring Principal's Signature

The information in this referral form is accurate. The student's parent/guardian was contacted on (date)_____ by _____ and informed of the intention to refer the student for alternative education services.

Referral Committee Use Below This Line

Date of Presentation to Referral Committee:

Disposition and Committee Recommendations: