

# MARIN COUNTY OFFICE OF EDUCATION

## ALTERNATIVE EDUCATION PROGRAMS REFERRAL

Marin's Community School

Oracle Independent Study

Phoenix Academy Charter School

1111 Las Gallinas Avenue San Rafael 94903/P.O. Box 4925 San Rafael, CA 94913

Office Phone: (415) 491-0581

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street Apt. City Zip Code

### PARENT/LEGAL GUARDIAN INFORMATION

Parent/Legal Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street Apt. City Zip Code

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Residence Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street Apt. City Zip Code

### EDUCATION BACKGROUND

LAST SCHOOL ATTENDED: \_\_\_\_\_

Has the student attended any other schools in the last year: YES  NO

If yes, please list:

Schools/Address(es): \_\_\_\_\_

**SPECIAL EDUCATION:** YES  NO

Does the student have a 504 Plan? YES  NO

Does the student have a general education support plan? YES  NO

**Please attach the most recent documents including testing and behavior support and Release of Information Form.**

**ENGLISH LEARNER:** YES  NO

Primary Language: \_\_\_\_\_ Most Recent ELPAC Score: \_\_\_\_\_ Date: \_\_\_\_\_

Current Language Classification: EO  I-FEP  R-FEP  EL

#### ATTENDANCE:

Please rate the student's attendance for the past six months: Good  Satisfactory  Poor

Comments: \_\_\_\_\_

Has there been a recent period of non-attendance?  YES, how long? \_\_\_\_\_  NO

#### BEHAVIOR:

Please rate the student's behavior for the past six months: Good  Satisfactory  Poor

Comments: \_\_\_\_\_

Have there been recent suspensions?  YES, how many? \_\_\_\_\_  NO

### OTHER SERVICES AND SUPPORT

WRAP Services

Provider: \_\_\_\_\_

Other: \_\_\_\_\_

Individual/Group Counseling

Provider: \_\_\_\_\_

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### REASON FOR REFERRAL

REFERRAL DATE: \_\_\_\_\_

**EXPULSION:**

Period of Expulsion: \_\_\_\_\_

Pending Expulsion, Hearing Date: \_\_\_\_\_

**PROBATION:**

Student's Probation Officer: \_\_\_\_\_

**SARB:**

Attendance

Behavior: \_\_\_\_\_

**OTHER: (parent request, etc.)**

\_\_\_\_\_  
\_\_\_\_\_

Have the parent(s)/guardian been notified? YES  NO

### REFERRAL SOURCE

District: \_\_\_\_\_ School: \_\_\_\_\_

Referrer's Name (required): \_\_\_\_\_ Title/Position: \_\_\_\_\_

Referrer's Signature: \_\_\_\_\_ Contact Information (required): \_\_\_\_\_

*Parent/legal guardian signatures authorize the Marin County Alternative Schools Programs to share student's educational information with the above-mentioned related agencies.*

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if present): \_\_\_\_\_

### REFERRAL PACKET MUST INCLUDE:

- Referral Form complete, signed by a district administrator and parent/guardian if possible
- SARB contract, referral, district contract, or letter of expulsion if student was expelled (include dates of expulsion and conditions to return)
- Student Demographic Information (ARIES)
- Attendance Record
- Disciplinary Record
- Health/Immunization Record
- Transcripts and most recent grades
- Copy of 504 plan or general education plan, if applicable
- Copy of IEP, most recent testing and behavior intervention plan if applicable – with Release of Information form.
- Most recent ELPAC score report