



Educational Conference Referral Form

Student's Name: _____ DOB: _____ District ID: _____

School: _____ Grade: _____ Age: _____ Date: _____

Reason for Suspension:

Does this student have an IEP? ___ yes ___ no 504 Plan? ___ yes ___ no

Background Information:

I agree to attend and participate in the district's Educational Conference.

Parent Signature

Student Signature

Parent contact info: Home # _____ **Cell #** _____ **Work #** _____

Note: An Educational Conference will be scheduled only after the completed Referral Form is received at Mat-Su Day School. Please scan and email forms to terry.donahue@matsuk12.us

Referral Meeting Participant Signature(s):

Principal

School Counselor

School Psychologist

Other