



Referral Form

Section 1: Student & Family Please Complete

Student Name: _____ Parent Name: _____

Phone #: _____ Email: _____

School attending: _____ Grade: _____

School counselor: _____

The student has (please check all that apply):

IEP 504 Safety Plan Evaluation in Progress NCAA Eligibility Needs

Why do you think OASIS would be a good fit?

Student Signature

Parent Signature

Date

Section 2: Home Building Staff Please Complete

What is the main reason for this referral?

Credit Deficient Social Academic

Physical Health Mental Health Behavior Other

Student intends to:

Physically Attend Work Virtually (504 or IEP only)

➤ **Note:** If the student is on an IEP or 504 the assigned IS will be required to amend the IEP or 504 before the student transfers to OASIS. If the student is undergoing an evaluation, the home school needs to finish the evaluation and develop the IEP/504 if the student qualifies.

★ If the student is on an IEP or 504 please fill out Section 2A on page 2.

★ If the student is NOT on an IEP or 504, proceed to 2B.

Principal/Counselor Name

Principal/Counselor Signature

Date

Section 2A: If the student has a 504 or IEP

Describe in detail the interventions attempted to help the student's success in the traditional setting:

Strategies/Interventions Attempted:

- 1.
- 2.
- 3.
- 4.

Notes:

IEP/504 Expiration Date: _____ Intervention Specialist Name: _____

Intervention Specialist Signature: _____ Date: _____

Building Pupil Services Supervisor has been notified by IS of this referral: Initial _____ Date: _____

Section 2B:

Please list how many credits are needed for each course to graduate:

English: _____ Math: _____ Science: _____

Social Studies: _____ Fine Art: _____ Health: _____

PE: _____ Electives: _____

Please list the competency scores and seals earned:

Competency Scores:

ELA II: _____

Algebra I: _____

Seals Earned:

State _____ Local _____