# INSTRUCTIONS FOR USING THE REFERRAL FORM

Please make a copy of this document to keep on your desktop, in your Google Drive, or elsewhere so that you can use it throughout the year to make referrals.

*We cannot give you editing permissions on this document because it is shared. For protection of student privacy, no student information can be entered in this copy of the document.*

Please email the completed form to your coordinator.


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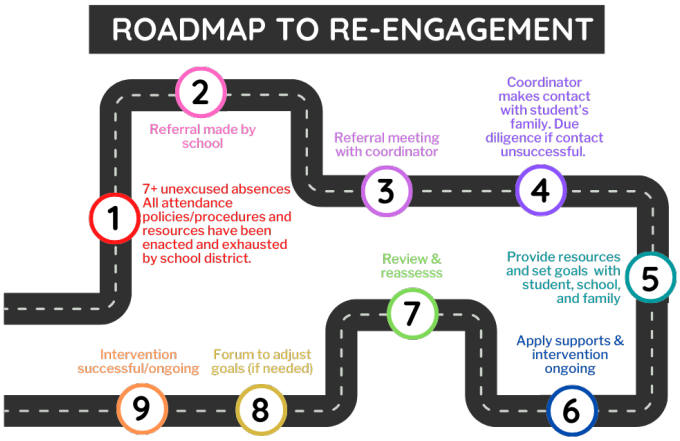
**Date of Referral:**

**Student Name:**

**School :**




# Referral Documents

Please attach a copy of the following documents. If you have any relevant discipline records, communications with caregivers, or notes from teachers or school staff that you would like to share, please attach those as well.

☐ **Student's Demographic Information Sheet**

*This should include the following:*

| | |
|---|---|
| *Student State ID Number* | *Gender Identity* |
| *Grade Level* | *Race/Ethnicity* |
| *Guardian Phone Number(s)* | *Primary Language* |
| *Current Address* | |

☐ **Student Attendance Records**

*last 180 days preferred*

☐ **Current Grades**

| | YES | NO |
|---|---|---|
| **Is this student Chronically Absent?** | ☐ | ☐ |
| **Does this student have an IEP/504?** | ☐ | ☐ |
| **Does student qualify for Free/Reduced Lunch?** | ☐ | ☐ |
| **Does this student work with a ROE35 mentor?** | ☐ | ☐ |

Is there any additional information that will help Student & Family Services work with this student?

| | |
|---|---|
| **ANY SAFETY CONCERNS IN THE HOME:** | |
| **CLASSROOM BEHAVIOR:** | |
| **PARENT OR STUDENT EMPLOYMENT/WORK:** | |
| **STRENGTHS/ WEAKNESSES:** | |

| | |
|---|---|
| **Printed Name of Referral Source:** | |
| **Job Title:** | |