MARIN COUNTY OFFICE OF EDUCATION

ALTERNATIVE EDUCATION PROGRAMS REFERRAL FORM

Marin's Community School

1111 Las Gallinas Avenue San Rafael 94903 | P.O. Box 4925 San Rafael, CA 94913 | Office Phone: (415) 491-0581

REFERRAL DATE: / / **STUDENT INFORMATION**

Student Name: _____ Date Of Birth: _____ Grade: _____

Residence Address: _____ Telephone: _____
Street Apt. City Zip Code

PARENT/LEGAL GUARDIAN INFORMATION

Parent/Legal Guardian: _____Language Spoken:_____ Relation: _____

Residence Address: _____ Telephone: _____
Street Apt. City Zip Code

Parent/Legal Guardian: _____ Language Spoken:_____ Relation: _____

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): _____Phone Number:_____

School Counselor Name: _____Phone Number:_____

SPECIAL EDUCATION: YES, ☐ NO☐ If YES, IEP next annual assessment due date:_____

The student has a 504 Plan? ☐ YES ☐ NO

The student has education support plan? ☐ YES ☐ NO

Is the student currently being assessed? YES ☐ NO ☐

Please attach the most recent documents, including testing and behavior support and the 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: _____

☐ Individual/Group Counseling
Provider: _____

☐ Other: _____
_____
_____

MARIN COUNTY OFFICE OF EDUCATION

ALTERNATIVE EDUCATION PROGRAMS REFERRAL FORM

Marin's Community School

1111 Las Gallinas Avenue San Rafael 94903 | P.O. Box 4925 San Rafael, CA 94913 | Office Phone: (415) 491-0581

REASON FOR REFERRAL

☐ **EXPULSION**:
Period of Expulsion: _____
Pending Expulsion, Hearing Date: _____

☐ **PROBATION:**
Student's Probation Officer: _____

☐ **SARB REFERRAL | Eligible to return date:_____**

Reason: ☐ **Attendance** ☐ **Behavior:_____**

☐ **PARENT REQUEST**
Please specify season for request_____
_____

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

☐ **OTHER**_____

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 Name: _____ **Date:** _____

Parent/Guardian Signature (if present): _____

THE REFERRAL PACKET MUST INCLUDE:

- ☐ Referral Form complete, signed by a district administrator and parent/guardian if possible
- ☐ SARB contract, referral, district contract stating the date the student is eligible to return to district
- ☐ Expulsion if the student was expelled (include dates of expulsion and conditions to return)
- ☐ Student Demographic Information (ARIES)
- ☐ Attendance Record
- ☐ Disciplinary Record
- ☐ Relevant SST or counseling notes
- ☐ Health/Immunization Record
- ☐ Transcripts and most recent grades
- ☐ AERIES/Other Graduation Status Report
- ☐ 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