

Home Schools Information

School: _____ Date Referred: _____

Advocate's Name: _____ Phone Number: _____ Email: _____

Student's Information

Student's Name: _____ D.O.B.: _____ Grade: _____ Age: _____ Gender: _____

Ethnicity: _____ S.S.#: _____ Student Local Number: _____ SS ID#: _____

Address: _____ City: _____ Zip: _____

Living with: _____ Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Academics

Current GPA: _____ Number of credits earned: _____ OAA/OGT Results: Math _____ Reading _____ Science _____ Social Studies _____

Is this student currently on an IEP? _____ If yes, reason: _____

Has this student ever had an IEP? _____ If yes, when: _____ Reason: _____

Is there an active 504 plan? _____ If yes, reason: _____

Has this student ever had a 504 plan? _____ If yes, when: _____ Reason: _____

Attendance

This year: unexcused absences _____ tardy _____ Is this student: _____ Suspensions: this year _____ past year _____

Services

Any special services received at school? _____ If so, what: _____ Other: _____

Legal

Is this student involved with the legal system? _____ If so, for what offense? _____ Degree of offense: _____

Student's status: _____ Other: _____ Is there a P.O.? _____ If so, name: _____

Phone: _____ Email: _____

Medical

Any medical needs or conditions? _____ If so, please list: _____

Is medication prescribed? _____ If so, please list: _____

Is it taken at school? _____

Risk Factors: (1) _____ (2) _____

(3) _____ Other: _____

Students Strengths: (1) _____ (2) _____

(3) _____ Other: _____

Reason (s) for referral: (1) _____ (2) _____ (3) _____

(4) _____ (5) _____ Other: _____

What efforts have been made to improve this student's academic performance?

What efforts have been made to improve this student's behavior at school?
