**Office Use:** Enrolled: \_\_\_ Withdrew/Dismissed: \_\_\_\_ **PATHWAYS TO SUCCESS STUDENT REFERRAL SHEET Pg.1 of 2**



***HOME SCHOOL INFORMATION***

 **School:** Choose an item. **Date referred:** Click here to enter a date.

**Advocate’s name:** Click here to enter text. **Phone number:** Click here to enter text. **Email:** Click here to enter text.

***STUDENT'S INFORMATION***

**Student’s Name:** Click here to enter text. **D.O.B.:** Enter MM/DD/YYYY **Grade:** Choose an item. **Age:** Choose an item. **Gender:** Choose an item.

**Ethnicity:** Choose an item. **SS#:** Click here to enter text. **Student Local Number:** Click here to enter text. **SS ID#:** Click here to enter text.

 **Address:** Click here to enter text. **City:** Click here to enter text. **Zip:** Click here to enter text.

**Living with:** Choose an item. **Name:** Click here to enter text. **Email Address:** Click here to enter text. **Cell Phone:** Click here to enter text.

 **Work Phone:** Click here to enter text.

***ACADEMICS***

What is the students current GPA? Click here to enter text. Number of credits earned to date: Click here to enter text.

**Is this student currently on an IEP?** Choose an item. If yes, reason: Click here to enter text.

Has this student ever had an IEP? Choose an item. If yes, when: Click here to enter text. Reason: Click here to enter text.

**Is there an active 504 plan?** Choose an item.If yes, reason: Click here to enter text.

Has this student ever had a 504 plan? Choose an item. If yes, when: Click here to enter text. Reason: Click here to enter text.

***ATTENDANCE***

This school year: **unexcused** absences Click here to enter text./ tardy Click here to enter text. Is this student: Choose an item.

Number of suspensions this school year: Choose an item. Number of suspensions in the past year? Click here to enter text.

***SERVICES***

In the past year, has this student received any special services AT SCHOOL? Choose an item. If so: Choose an item.

 Other: Click here to enter text.

***LEGAL***

Is this student involved with the legal system? Choose an item. If so, for what offense? Click here to enter text.

Degree of offense: Charges pending Student’s status: Diversion Program Other: Click here to enter text.

Does this student have a P.O.? Choose an item. If so, name: Click here to enter text. Phone: Click here to enter text.

***MEDICAL***

Does this student have any medical needs or conditions? Choose an item. If so, please list: Click here to enter text

Is this student on any daily medications? Choose an item. If so, please list: Click here to enter text.

Is it taken at school? Choose an item.

**Risk Factors** (choose three): 1.: Choose an item. 2.: Choose an item.

3.: Choose an item. Other: Click here to enter text.

**Students Strengths** (choose three): 1.: Choose an item.

2.: Choose an item.

3.: Choose an item.

Other: Click here to enter text.

**Reason(s) for referral** (choose up to 5, begin with the most important):

1.: Choose an item. 2.: Choose an item. 3.: Choose an item.

4.: Choose an item. 5.: Choose an item. Other: Click here to enter text.

 **Pg. 2 of 2**

Length of time requested for student placement Choose an item.

What efforts have been made to improve this student’s academic performance? Click here to enter text.

What efforts have been made to improve this student’s behavior at school? Click here to enter text.

**SAVING INSTRUCTIONS:**

After completing this form...

1. Click the printer command

1. Choose "save as PDF"

2. Save on your computer with a different file name

3. Attach in an email to henderson@esclc.org