



Portland Public Schools INSIGHT CLASS REFERRAL

Insight Class is scheduled on Wednesday evenings, 7 to 8:30 PM, when school is in session.
Attendance requirement is 4 consecutive Wednesday evening sessions. Please give family a copy of the Insight brochure which includes dates, time, and other details when you make the referral.

Student _____ Race/ Ethnicity _____
(please inform the school counselor and/or school social worker of this referral)

Preferred pronoun (he/she/they) _____ Date: _____

Student ID# _____ School _____ Grade _____

Parent/Guardian Name _____ Phone _____

Referring Staff _____ Staff Ext _____

Student's School Counselor _____ Counselor Ext _____

Type of Referral: Disciplinary Voluntary

Dates of session(s) student and parents/guardians have agreed to attend:

Family's Preferred Language _____ Interpretation Needed* Y ____ N ____

***Student Services will submit the interpretation request and cover the charges.**

Please describe any other considerations the class facilitator should know about:



*****STUDENT SERVICES USE ONLY*****

Insight Class Attendance			
	Date	Student	Adult
A	_____	_____	_____
B	_____	_____	_____
C	_____	_____	_____
D	_____	_____	_____

Program Completed: yes no