



## Portland Public Schools INSIGHT CLASS REFERRAL

Insight Classes are 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 SUCCESS & HEALTH USE ONLY\*\*\*\*\*

<b>Insight Class Attendance</b>			
	Date	Student	Adult
<b>A</b>	_____	_____	_____
<b>B</b>	_____	_____	_____
<b>C</b>	_____	_____	_____
<b>D</b>	_____	_____	_____

Data base \_\_\_\_\_

Program Completed:  yes     no

Please scan the referral to [studentservices@pps.net](mailto:studentservices@pps.net) when completed