

Student Success Center School Referral

Referral Date: _____ Start Date: _____ Is this referral disciplinary? Yes No

Student _____ Gender: Male Female

Student ID# _____ Birthdate _____ Grade _____ Ethnicity: _____

School _____ Referring Staff _____ Phone _____

Parent/Guardian Name _____

Phone (Home) _____ Phone (Cell) _____ Phone (Work) _____

Address _____

Are student and/or parent limited English speaking? Yes / No Language/s _____

Family requires interpretation services? No Yes

Requested Assessments: Drug & Alcohol Mental Health Both MH & D&A

Special Education identified? No Yes Manifestation Determination? No Yes

If yes, what is handicapping condition? LD ED OHI Communication Other

Transportation required? No Yes

Who will the school designate as the students' transition support person, during and after SSC completion?

All students must return to school in the afternoon (no exceptions), unless home instruction has already been set up for the student. What is academic plan to support the student while they are out of school for more than half of the day? _____

REFERRAL INFORMATION

Is the school willing to support the return of student with wrap-around services? No Yes

Have parents/guardians been contacted regarding referral to Student Success Center? No Yes

PROBLEMATIC ACTIONS AND BEHAVIORS

Describe the problematic action/s and behavior/s that led to this referral: _____

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Please check all that apply:

- History of non-attendance
- History of suspension
- Language barrier
- Home or family problems
- Low self-esteem
- Domestic violence
- Anti-social behavior
- Juvenile Court involvement
- Difficulty with peers
- Gang affiliation
- History of A&D abuse/possession

What interventions or services, if any, have been attempted to help student resolve problems? (e.g., BSP, counseling, drug/alcohol assessment, community resources, etc.)

Strengths (behavioral, academic, social)

Concerns (behavioral, academic, social)

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Additional comments: _____

Are there any natural support systems available? (e.g., positive adults, mentors, a job, hobbies, counselors)

What services would you like School Success Center to provide? _____

REQUIRED STUDENT RECORDS PRIOR TO INTAKE ([please scan/email to aolivas1@pps.net](mailto:aolivas1@pps.net))

All Students

- Grade report/transcript
- Discipline Records
- Attendance records

Students with a Delayed Expulsion

- Expulsion Hearing Notice
- Expulsion letter (Findings)
- Photocopy of weapon

For Special Education Students

- Current I.E.P.
- Manifestation Determination
- Transportation plans, if any
- Home Instruction (students may be able to meet with tutor at SSC at 12:30.)?

Thank you for the information. We may call you to obtain further information for our program and to update you on the progress of this student.