

# Student Success Center School Referral

Referral Date: \_\_\_\_\_ Start Date: \_\_\_\_\_ Is this referral non-disciplinary?  Or disciplinary action?

Student \_\_\_\_\_ Gender: Male  Female

Student ID# \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Ethnicity: \_\_\_\_\_

School \_\_\_\_\_ Attendance Secretary Email \_\_\_\_\_

Referring Staff/Phone \_\_\_\_\_ School Counselor/Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Address \_\_\_\_\_

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

Student returns for afternoon classes? No  Yes  Transportation required? No  Yes

What is academic plan while student is out of school? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Please check all that apply:

- History of non-attendance
- Cultural barrier (lifestyle)
- History of suspension
- Language barrier

- Home or family problems
- Low self-esteem
- Domestic violence
- Anti-social behavior

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- 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., MSP, counseling, drug/alcohol assessment, community resources, etc.)

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**Strengths** (behavioral, academic, social)

**Concerns** (behavioral, academic, social)

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Additional comments: \_\_\_\_\_

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

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What services would you like School Success Center to provide? \_\_\_\_\_

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**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.

Student Success Center @ Portland Public Schools  
6433 NE Tillamook St., Portland, Oregon 97123  
Phone: 503-916-5494 | Fax: 503-916-2749