



# INTERAGENCY REFERRAL FORM

REFERRING SCHOOL: \_\_\_\_\_ DATE: \_\_\_\_\_

**Interagency Intake Information:** A new intake session begins each week on Thursday, and runs Thursday, Friday, Monday and Tuesday from 9 a.m. – 12 p.m. and Wednesday from 12 p.m. – 3:30 p.m. Students must attend all 5 days in order to receive a school placement. We must have a complete referral form for all referrals (suspended/expelled students included) and a withdraw form with the student's current grades before a student may begin intake. Please inform students and parents/guardians that they are to attend at the start of the next session. We are not able to call families to invite them.

All Referral Forms are to be sent to Jowell Rollolazo at [jrollolazo@seattleschools.org](mailto:jrollolazo@seattleschools.org) and Martha Ortiz at [mgortizwilliam@seattleschools.org](mailto:mgortizwilliam@seattleschools.org) or by fax to (206) 743-3931 (fax).

**Student Information:** Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Grade: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Best Way to Contact: \_\_\_\_\_

Is the address/phone number in PowerSchool current? If not, please provide current information:

**Parent/Guardian Information:** Name of Primary Caregiver: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Best Way to Contact: \_\_\_\_\_

What is this person's involvement in the student's education?

**Reason for referral:** Why are you making a referral for this student? What do you believe this student needs that cannot be provided in your school?

**Academic Information (please attach current transcript and withdraw grades):**

What are the most recent MAP scores? Reading \_\_\_\_\_ Math \_\_\_\_\_ Date Tested: \_\_\_\_\_

Does the student have an IEP? \_\_\_\_\_ In what areas? \_\_\_\_\_

What are your primary academic concerns for this student?

Please describe any academic interventions that have been attempted. Were they successful?

**Barriers to Success:** Is behavior modification required for this student to return to your school? Y/N \_\_\_

Is a drug/alcohol assessment required for this student to return to your school? Y/N \_\_\_

Has an attendance contract been completed for this student? \_\_\_\_\_ If yes, please attach.

Is the student currently on probation or parole or court involved? \_\_\_ P.O.'s name \_\_\_\_\_

What do you see as the primary barriers to this student's success (drug/alcohol use, attendance, classroom behavior, gang involvement, family issues, etc.)? Please provide as much detail as possible.

Please describe any interventions that have been attempted to address these barriers. Were they successful?

Is there a community agency, counselor, mentor, case worker, or school staff member that the student is connected to that we should contact for additional information? Please provide contact information:

\_\_\_\_\_

Are there any Interagency Sites you would recommend for this student? \_\_\_\_\_

Are there any Interagency Sites you would **NOT** recommend for this student? \_\_\_\_\_

What are the reasons?

Is there anything else we should know about this student to help her/him succeed?

Counselor/Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor/Administrator Name (Print) \_\_\_\_\_ Best Way to Contact \_\_\_\_\_