

Interagency Academy Referral Form



Referring School: _____ Date: _____

Interagency Orientation Information: A new orientation session begins every other Friday, and runs from Friday, Monday, Tuesday, and Wednesday. Sessions begin at 9a.m. daily, and ends times are as follows: F & M: 3p.m.; T: 1 p.m.; W: 1:30 p.m. Students must attend all four days in order to receive an Interagency campus placement. We must have a completed referral and parent consent form for all referrals (suspended/ expelled students included) before a student may begin the Orientation process. Please note: If the referral form does not include a parent consent form, the referral form will not be processed and will be returned.

All Referral Forms are to be sent to Jowell Rollolazo jrollolazo@seattleschools.org and Flordelrio Correa flcorrea@seattleschools.org.

Student Information:

Name: _____ Student ID # _____

Grade: _____ D.O.B. _____ Gender/Preferred Pronouns: _____ Ethnicity: _____

Phone: _____ Email: _____

Address: _____

Parent/Guardian Information:

Name of Primary Caregiver: _____

Relationship to student: _____ Phone: _____ Email: _____

Does the parent consent for their child to attend Interagency? Y / N _____

Reason for referral:

Why are you making a referral for this student? (If left blank, form will be returned.)

Academic Information (please attach current transcript):

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

Does the student have an IEP? Y / N _____ If yes, in what areas?

When was the IEP last updated? _____

Does the student receive MLL support? _____

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 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. (If attendance is a reason for referral, there must be an attendance contract attached or the form will be returned).

Is the student currently on probation, parole or court involved? _____

If yes, what is the 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:

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 campuses you would recommend for this student? _____
(Please note: this recommendation does **NOT** guarantee placement at this campus.)

Are there any Interagency campuses 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 _____