

COMMUNITY SCHOOL REFERRAL

Student's Name: _____ A.K.A. _____ CALPADS
Last First Middle SSID #: _____

D.O.B. _____ Grade: _____ Hm. Phone: _____ Cell Phone: _____

Last School Attended: _____ Last District Attended: _____

Parent Guardian Caregiver Name: _____ Private/Charter: ☐ Yes ☐ No

Address: _____ City: _____ Zip _____

Please attach following items:

- ☐ Attendance Record
- ☐ Immunization Certificate
- ☐ Current Transcript
- ☐ Proof of withdrawal from last school of attendance
- ☐ Copy of IEP and/or other reports (if applicable)
- ☐ ELPAC/CELDT results
- ☐ Yes ☐ No Section 504 Plan
If yes, please attach
- ☐ Yes ☐ No Individual Health Plan
If yes, please attach
- ☐ AB 216, 167, 1806, 2306 paperwork (if applicable)

Please provide the following information:

- Special Education ☐ Yes ☐ No (If Yes)
- ☐ SAI ☐ DIS. S/L ☐ DIS/PSY
- ☐ DIS/HEALTH ☐ DIS/Counseling
- ☐ District Sp. Ed. History-Exited
- ☐ Transition to ACCESS
- IEP Date

ELPAC/CELDT-Language Proficiency

- ☐ English Only (EO) ☐ Unknown
☐ Initially Fluent English Proficient (IFEP)
 Initial Identification Date Tested _____
☐ Redesignated Fluent English Proficient (RFEP)
 Redesignated by District/Date _____
☐ English Learner (EL)
☐ ELPAC/CELDT Proficiency Level _____
☐ 1st year enrolled in school in U.S. _____
☐ Year enrolled in California Public School _____

- ☐
- Enrolled in U.S. Schools less than 3 Cumulative Years

REASON FOR REFERRAL

- ☐ Disruptive Behavior ☐ Teen Parent ☐ Inability to function appropriately in school ☐ Parent Request
☐ Substance Abuse ☐ Special Education Needs ☐ Expulsion ☐ Mandatory ☐ Non-Mandatory ☐ Runaway
☐ Medical ☐ Social Services ☐ Truancy (4 Dates: _____)
☐ Other (Describe): _____

ATTEMPTED INTERVENTIONS

- ☐ Educational Counseling ☐ SARB
☐ Schedule Modifications ☐ Suspension _____ days
☐ Parent Conferences ☐ Other

PREVIOUS EDUCATIONAL ALTERNATIVES

- ☐ Continuation High School ☐ Work Experience
☐ Adult Education ☐ ESL/LEP Bilingual
☐ R.O.P. ☐ Other

Comments: _____

RECOMMENDATION:

ADMIN UNIT: ☐ Area #1 ☐ Area #2 ☐ Area #3 ☐ CHEP/PCHS ☐ Sunburst

Please check box if applicable : (For Office Use Only)

- ☐ Section 1981 (a) District Expulsion
☐ Section 1981 (b) SARB
☐ Section 1981 (d) Parental Request/District Approval

Section 1981 (c)

- (1) Probation status ☐ 601 ☐ 602 ☐ 654
 ☐ 725 ☐ 726 ☐ 727 ☐ 790
- (2) ☐ On probation or parole and not in attendance in any school
- (3) ☐ Expelled: Section 48915 (a) or (c)

REFERRAL – REVIEW & CERTIFICATION

Referring District/School	Print CWA/Designee Name and Title	Signature	Date
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OCDE Representative	Print Name and Title	Signature	Date
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Probation Representative	Print Name and Title	Signature	Date
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Certified pursuant to Orange County Juvenile Court Order Filed December 21, 2001

Juvenile Court Representative

Parent Guardian Caregiver _____ Date _____

Student Signature _____ Date _____