



COMMUNITY SCHOOL REFERRAL

Instructions for Completion of the ACCESS Community School Referral Form

This referral form is to be completed by a school district administrator/designee. Please fill out this form completely.

All supporting documents required to be submitted with this referral form must be uploaded to the ACCESS Referral secure file portal. For questions regarding the referral process, please refer to <https://link.ocde.us/referrals> or contact OCDEreferrals@ocde.us.

We recognize that there may be situations where districts are unable to complete the online referral form. Please use this referral form for students in the following categories; currently enrolled in ACCESS, currently incarcerated, foster youth, or an unaccompanied minor.

Please note: Signatures are required. The ACCESS Community School Referral form will not be reviewed until all required signatures have been submitted.

For students with an individualized education plan (IEP) the school district must complete the ACCESS Special Education Referral Process **PRIOR** to submission of this referral form. To initiate the ACCESS Special Education Referral Process, please contact at accessspedrecords@ocde.us or call (714) 547-7931. The ACCESS Community School referral form is not considered complete until the ACCESS Special Education Referral Process has been completed for a student with an IEP.

Completion of this referral form does not guarantee enrollment in ACCESS. Enrollment is subject to space and program availability. Once the completed referral form has been reviewed and approved by ACCESS, both the school district and the parent/guardian/caregiver/adult student will be notified by ACCESS.



COMMUNITY SCHOOL REFERRAL

Student Information

CALPADS SSID# _____

Student Name _____

AKA _____

Student Email _____

Grade _____

Date of Birth _____

Primary Phone _____

Cell Phone _____

Address _____

Apartment/Unit _____

City _____

Zip Code _____

McKinney-Vento

Foster Youth

Parent/Guardian/Caregiver Information

Parent/Guardian/Caregiver Name _____

Parent/Guardian/Caregiver Email _____

Primary Phone _____

Cell Phone _____

Is the address the same as student? Yes No

Address _____

Apartment/Unit _____

City _____

Zip Code _____



COMMUNITY SCHOOL REFERRAL

Reason for Referral

- Expulsion: Board Approved
- Stipulated Expulsion Agreement
- Probation
- Credit Deficiency
- Parent Request
- SARB/SART
- Attendance/Truancy
- Other

Attempted Interventions

- Educational Counseling
- Parent Conferences
- Schedule Modifications
- Other
- Family Community Engagement
- Positive Behavior Interventions & Supports
- Student Intervention/Student Team
- SARB/SART
- Social Worker
- Restorative Justice

Recommended ACCESS Programs

- ACCESS Community Day School
- CHEP/PCHS Skyview
- Mary's Academy
- Sunburst Youth Academy

ELPAC Language Proficiency

Language Fluency _____ (EO, EL, IFEP, RFEP)

** OCDE requires ELPAC testing for student enrollment*

If this student is EL, indicate the most recent ELPAC scores:

Written _____ Oral _____

Previous Educational Experiences

- Continuation High School/Adult
- ROP
- Other
- Work Based Learning
- CTE



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Student Support Services

Does the student have an IEP? Yes No

If yes, has the ACCESS Special Education Referral Process been completed? Yes No

Has the student been exited from special education? Yes No

If yes, please indicate date student was exited _____

Does the student have a Section 504 Plan? Yes No

Does the student take medications at school? Yes No

Does the student have an Individualized Student Health Plan? Yes No

Documents to Attach

Please first check off each document that you plan to attach. This referral form is considered incomplete without the required forms.

Required

- Immunization Record
- Attendance Certificate
- Current Transcript (secondary students)
- Withdrawal Grades
- Discipline Record

If Applicable

- ELPAC scores
- Section 504 Plan
- Individualized Student Health Plan
- Administration of Medication Forms
- Expulsion Documents / Rehabilitation Plan / Stipulated Expulsion Agreement
- Exemption from Local Grad Reqs Form



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School District Information

Referring District _____

If Other, please specify _____

Referring School _____

Last District Attended *(if different from above)* _____

Last School Attended *(if different from above)* _____

Referring District Admin Name

Signature

Date

Referring District Email

Parent/Guardian/Caregiver/Adult Student

Name

Signature

Date

OCDE Internal Use Only

OCDE Approval Name

Signature

Date



COMMUNITY SCHOOL REFERRAL

Probation Use Only

Probation Representative Name	Signature	Date
<i>Certified pursuant to Orange County Juvenile Court Order Filed December 21, 2001</i>		

Juvenile Court Representative Name	Signature	Date
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Student Name	Signature	Date
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Please check box if applicable: (For Probation Use Only)

- | | |
|---|--|
| Section 1981 (a) District Expulsion | Section 1981 (c) |
| Section 1981 (b) SARB | (1) Probation status 601 602 654 |
| Section 1981 (d) Parental Request/District Approval | 725 726 727 790 |
| | (2) On probation or parole and not in attendance in any school |
| | (3) Expelled: Section 48915 (a) or (c) |