



SOCIAL WELFARE/PROBATION REFERRAL

Instructions for Completion of the ACCESS Social Welfare/Probation Referral Form

This referral form is to be completed by a Social Worker or Probation Officer. Please complete this form with as much information as possible.

All supporting documents required to be submitted with this referral form should be uploaded to the ACCESS Referral secure file portal. For questions regarding the referral process, please refer to <https://link.ocde.us/ACCESSreferrals> or contact OCDEreferrals@ocde.us. After the referral form has been submitted, it will be reviewed by OCDE.

Completion of this referral form does not complete the enrollment progress for ACCESS. Once the completed referral form has been reviewed and approved by ACCESS, both the referral designee and the parent/guardian/caregiver/adult student will be notified by ACCESS.

If you have any questions, please contact the ACCESS office at (714) 245-6559.



SOCIAL WELFARE/PROBATION 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 _____



SOCIAL WELFARE/PROBATION 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
- Sunburst Youth Academy
- Juvenile Court Schools

ELPAC Language Proficiency

Language Fluency _____

** 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



SOCIAL WELFARE/PROBATION REFERRAL

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 Include

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

Required

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

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

* Required field



SOCIAL WELFARE/PROBATION REFERRAL

School District Information

District *

If Other, please specify

School *

Last District Attended *(if different from above)*

Last School Attended *(if different from above)*

OCDE Internal Use Only

Social Worker Representative Name

Signature

Date

Probation Representative Name

Signature

Date

Juvenile Court Representative Name

Signature

Date

OCDE Approval Name

Signature

Date