

School \_\_\_\_\_

Date \_\_\_\_\_

## **STEP ~ ESU #15 Alternative Education Program ~ Referral Form**

**This page is to be filled out by the person making the referral. Return this form to the principal's or guidance counselor's office.**

Name of Potential Student \_\_\_\_\_

Current Grade Level \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Phone Numbers \_\_\_\_\_ Person making referral \_\_\_\_\_

Areas of Concern \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| 1. Is, or has this student ever been, in a special education program?<br>If yes, explain _____ | Yes | No |
| 2. Is this student at risk of dropping out of school?  | Yes | No |
| 3. Does this student have a desire to earn a high school diploma?                              | Yes | No |
| 4. Has this student been suspended/expelled in the last year?<br>If yes, why? _____            | Yes | No |

Evaluate the student at the time of referral. Write one number for each behavior.

0=Never    1=Seldom    2=Sometimes    3=Usually    4=Always

\_\_\_\_ Displays courteous behavior towards others

\_\_\_\_ Cooperates with others

\_\_\_\_ Appearance is neat and clean

\_\_\_\_ Does what he/she is told without being told more than once

\_\_\_\_ Uses appropriate language

\_\_\_\_ Displays a positive attitude

\_\_\_\_ Accepts constructive criticism

\_\_\_\_ Respects the property of others

Please include any other information that is relevant to this referral below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_