

MARIN COUNTY OFFICE OF EDUCATION

ALTERNATIVE EDUCATION PROGRAMS REFERRAL

Marin's Community School

Oracle Independent Study

Phoenix Academy Charter School

1111 Las Gallinas Avenue San Rafael 94903/P.O. Box 4925 San Rafael, CA 94913

Office Phone: (415) 491-0581

STUDENT INFORMATION

Student Name: _____ Date Of Birth: _____ Grade: _____

Residence Address: _____ Telephone: _____
Street Apt. City Zip Code

PARENT/LEGAL GUARDIAN INFORMATION

Parent/Legal Guardian: _____ Relation: _____

Residence Address: _____ Telephone: _____
Street Apt. City Zip Code

Parent/Legal Guardian: _____ Relation: _____

Residence Address: _____ Telephone: _____
Street Apt. City Zip Code

EDUCATION BACKGROUND

LAST SCHOOL ATTENDED: _____

Has the student attended any other schools in the last year: YES NO

If yes, please list:

Schools/Address(es): _____

SPECIAL EDUCATION: YES NO

Does the student have a 504 Plan? YES NO

Does the student have a general education support plan? YES NO

Please attach the most recent documents including testing and behavior support and Release of Information Form.

ENGLISH LEARNER: YES NO

Primary Language: _____ Most Recent ELPAC Score: _____ Date: _____

Current Language Classification: EO I-FEP R-FEP EL

ATTENDANCE:

Please rate the student's attendance for the past six months: Good Satisfactory Poor

Comments: _____

Has there been a recent period of non-attendance? YES, how long? _____ NO

BEHAVIOR:

Please rate the student's behavior for the past six months: Good Satisfactory Poor

Comments: _____

Have there been recent suspensions? YES, how many? _____ NO

OTHER SERVICES AND SUPPORT

WRAP Services

Provider: _____

Other: _____

Individual/Group Counseling

Provider: _____

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REASON FOR REFERRAL

REFERRAL DATE: _____

EXPULSION:

Period of Expulsion: _____

Pending Expulsion, Hearing Date: _____

PROBATION:

Student's Probation Officer: _____

SARB:

Attendance

Behavior: _____

OTHER: (parent request, etc.)

Have the parent(s)/guardian been notified? YES NO

REFERRAL SOURCE

District: _____ School: _____

Referrer's Name (required): _____ Title/Position: _____

Referrer's Signature: _____ Contact Information (required): _____

Parent/legal guardian signatures authorize the Marin County Alternative Schools Programs to share student's educational information with the above-mentioned related agencies.

Parent/Guardian: _____ Date: _____

Parent/Guardian Signature (if present): _____

REFERRAL PACKET MUST INCLUDE:

- Referral Form complete, signed by a district administrator and parent/guardian if possible
- SARB contract, referral, district contract, or letter of expulsion if student was expelled (include dates of expulsion and conditions to return)
- Student Demographic Information (ARIES)
- Attendance Record
- Disciplinary Record
- Health/Immunization Record
- Transcripts and most recent grades
- Copy of 504 plan or general education plan, if applicable
- Copy of IEP, most recent testing and behavior intervention plan if applicable – with Release of Information form.
- Most recent ELPAC score report