PROJECT SOAR REFERRAL FORM

DATE: _____

All information MUST be completed before any action can be taken.

STUDENT INFORMATION

Please indicate Service Requested:

☐ High School   ☐ Junior High

STUDENT NAME _____
Last   First   M I

SIS # _____ GENDER _____ ETHNIC _____ DOB _____ GRADE _____

FAMILY SUPPORTED BY DHS: YES   NO

PARENT INFORMATION

PARENTS NAME _____ PHONE _____

PLACE OF WORK _____ PHONE _____

IN CASE OF EMERGENCY CALL _____ PHONE _____

STUDENT ADDRESS: _____

DISTRICT INFORMATION

SCHOOL_____ADDRESS _____

PHONE NUMBER _____

REFERRAL MADE BY _____ POSITION _____

EMAIL ADDRESS_____

CHECK ALL THAT APPLY:

Primary Referral:

_____Chronic Truant   _____Truant   _____Potential Dropout w/ High Absenteeism
_____Social/Emotional Issues   _____Potential Dropout w/Poor Academic Performance

Secondary Referral:

_____Failing Grades   _____Court/Law mandated participation   _____History of Retention
_____Tardiness   _____Physical/Emotional health problems   _____Poor Performance on State Tests
_____Credit Deficient   _____Teen Parent   _____Negative Behavior Patterns

Other: _____

OTHER SERVICES:

Special Ed Identified   YES   NO   **504 Plan Identified**   YES   NO

Other Services Identified _____

THE FOLLOWING INFORMATION MUST BE SUBMITTED TO COMPLETE THE REFERRAL PROCESS.

ACADEMIC DATA: (PLEASE SUBMIT CURRENT GRADES)

Current Credits Earned: _____   Credits Attempted:_____   Credits Needed to Graduate OR Advance: _____

DISCIPLINE DATA:

Number of Suspensions _____   Office Referrals: _____   Other: _____

INTERVENTIONS:

RtI _____   Other_____

TEST SCORES: (PLEASE SUBMIT ACADEMIC RECORDS)

Benchmark_____   Progress Monitoring_____   State Test_____

HEALTH RECORDS (*IF APPLICABLE*):

Medical Referrals_____   Other_____

STUDENT'S ATTENDANCE RECORD:

Pre-Referral Attendance

     Days Enrolled _____   Days Absent _____

     Days Present _____   # of Unexcused _____

FREE AND REDUCED LUNCH FORM (FORM *PROVIDED AT INTAKE*)
OTHER CONSIDERATIONS:

Please provide a short explanation of why you feel an alternative setting will meet the needs of the student identified above:

FOR OFFICE USE ONLY

_____Your referral has been accepted. You will be contacted in the next day or two about setting up an intake meeting for enrollment of the student to the SOAR Program.

_____Referral not accepted at this time. Please submit the following information: