**COMMUNITY ENGAGEMENT BOARD REFERRAL FORM**

**STUDENT**

Student Name: District Student ID: SSID:

Grade: Age: Birthdate: Trusted Adult (Identified by Student/Family):

IEP  504  ELL Foster Care  McKinney-Vento  Housing Insecurity  Food Insecurity

School: Teacher/Counselor:

**REASON FOR REFERRAL**

|  |
| --- |
| Describe: |
|  |

Family conflict  Health: student  Substance use: student  Academic support

Student conflict  Health: parent  Substance use: family member  Transportation

Student’s job  Health: family  Parent communication  Bullying

Economic stress  Grief & loss  Student providing care for siblings  Student motivation

**ATTENDANCE ACADEMICS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YTD** | **Last YR** |  | **Time** | **Subject** | **Grade** |
|  |  | Possible days of attendance |  |  |  |
|  |  | Days attended |  |  |  |
|  |  | **Attendance rate *(days attended/days possible)*** |  |  |  |
|  |  | Full day excused absences |  |  |  |
|  |  | Partial day excused absences |  |  |  |
|  |  | **Total excused absences** |  |  |  |
|  |  | Full day unexcused absences |  | **Credits** |  |
|  |  | Partial day unexcused absences |  | Earned |  |
|  |  | **Total unexcused absences** |  | Needed to Graduate |  |

**DISCIPLINE HISTORY**

Classroom Exclusion  Referrals for discipline  Suspension

**RESIDENCE**

|  |  |
| --- | --- |
| Home Address: | Home Phone: |
| City, State, Zip Code: | Secondary Phone: |

|  |  |  |
| --- | --- | --- |
| Parent/Guardian: | Relationship: | Home Language: |
| Parent/Guardian: | Relationship: | Home Language: |

**OTHER CHILDREN IN HOME**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Grade | Age | Relationship | Excused Absences | Unexcused Absences |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |