

MARIN COUNTY OFFICE OF EDUCATION

COMMUNITY SCHOOL REFERRAL RECOMMENDATION

Marin County Community School

ORACLE Independent Study

Phoenix Academy Charter School

160-B North San Pedro Road
San Rafael, CA 94903
(415) 491-0581 FAX: 491-0981

STUDENT INFORMATION

Name _____		Date of Birth _____	Grade _____	YES _____ NO _____ Special Education
Residence Address _____		City _____	Zip _____	Telephone _____
PARENT OR LEGAL GUARDIAN	Name(s) _____	Work Phone _____		
	Address(es) _____			

EDUCATIONAL BACKGROUND INFORMATION

LAST SCHOOL ATTENDED: _____
Has the student attended any other schools in the last year? YES NO
If YES, please list: School _____ City _____
School _____ City _____

EXPULSION
Has the student been expelled from his/her school/district of residence? YES NO
If yes, what is the period of expulsion? _____ through _____
Does the student have an expulsion hearing pending? YES NO
If yes, what is the date of the hearing? _____
Reason for expulsion: _____

SPECIAL EDUCATION – Copies of Special Education documents (IEP, Behavior Plan, Current Assessment) MUST accompany this referral
Does the student have an active IEP? YES NO
Does the student have a 504 Plan? YES NO
Has the student been referred for a special education assessment? YES NO
Does the student have a required behavior intervention plan? YES NO

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? _____ Total days? _____ NO

MARIN COUNTY OFFICE OF EDUCATION

COMMUNITY SCHOOL REFERRAL RECOMMENDATION

STUDENT NAME: _____

GENERAL BACKGROUND INFORMATION

PROBATION

On probation at the present time? NO YES Probation Officer _____

Does the student have a court date pending? NO YES Date of Hearing: _____

Request For Probation Department Investigation form submitted on _____

Referred to Family Connections NO YES Completed Family Connections NO YES

Referred to Portal NO YES Completed Portal NO YES

Referred to CSOC NO YES Completed CSOC NO YES

ADDITIONAL INFORMATION

CONDITIONS FOR RETURN TO DISTRICT PROGRAM

- Attend school daily Arrive to school on time
 Complete all academic assignments on time Maintain positive, appropriate school behavior
 Observe rules of Community School programs

COMMENTS: _____

REFERRAL SOURCE

FROM _____ Referrer Agency/School District

Title Telephone Number Date of Referral

A photocopy of IMMUNIZATION RECORDS and a TRANSCRIPT (high school students) must accompany this form. Student and parent/legal guardian signatures authorize the Community School to share student's performance information with the above mentioned related agencies. The following signatures represent a formal request to have the above named student referred to and enrolled in a Community School program and certification that all health screenings and immunizations are current. Referrals are not accepted without required signatures.

Student Signature Parent/Legal Guardian Signature

Referrer's Signature (School) required - or - Referrer's Signature (Probation) required

School Nurse Signature required

Date of Referral Recommendation: _____