

The Collaborative School

Brentwood·Clayton·Ladue
543 Hanley Industrial Court
Brentwood, MO 63144
(314)-645-4755

REFERRAL PACKET

Student _____ **Date of Referral** _____

Home School _____ **Date of Intake** _____

DOB: _____ Soc. Sec. # ____ - ____ - ____ Male Female Race: _____

Grade _____ **Current # Credits** _____ **Credits needed for graduation** _____

Grade Level Administrator: _____ **Phone** _____

Home School Counselor: _____ **Phone** _____

	<u>Parent/Guardian</u>	<u>Parent/Guardian</u>
Name:	_____	_____
Address:	_____	_____
	_____	_____
Home Phone:	_____ cell: _____	_____ cell: _____
Work Phone:	_____	_____

Please list two emergency numbers below: (include name and relationship of contact)

1. _____
2. _____

List all allergies of the student: _____

List all known medications of the student: _____

Attachments:
following:

If applicable please attach the

- | | |
|---|---|
| <input type="checkbox"/> Transcript/Report Card (required) | <input type="checkbox"/> 504 Plan |
| <input type="checkbox"/> Attendance Record (required) | <input type="checkbox"/> Current IEP |
| | <input type="checkbox"/> BIP (if applicable) |

The Collaborative School

Brentwood·Clayton·Ladue
543 Hanley Industrial Court
Brentwood, MO 63144
(314)-645-4755

- Discipline Record** (required)
- Suspension Letter** (required for OSS students)
- Current MAP and Achievement Scores**
- **** **OSS Start Date** _____
- **** **OSS End Date** _____
- FBA** (if applicable)
- Re-Evaluation Information**
- Current Individualized Health Plan**
- Pertinent Medical Information**
- Student / Parent Questionnaires**

District Governing Board Member:

Signature **Date**

The Collaborative School

Brentwood·Clayton·Ladue
543 Hanley Industrial Court
Brentwood, MO 63144
(314)-645-4755

COUNSELOR QUESTIONNAIRE

Student: _____ Counselor: _____

1. REASON FOR REFERRAL:

___ Long Term Suspension Referral

___ Non-Suspended Referral

Start Date _____

(month, day, year)

End Date _____

(month, day, year)

Offense:

- Drug or Alcohol Use at School
- Drug or Alcohol Possession
- Drug or Alcohol Distribution
- Theft/Stealing
- Fighting
- Verbal Physical Assault

(Explain)

- Threatening behavior toward staff
or student

- Vandalism
- Chronic disruptive behaviors
- Other (explain)

Presenting Concerns:

- Significant credit deficiency
- Excessive Absences
- Attention/Concentration Difficulty
- Failing Grades
- Chronic Difficulty Following

School Rules

- Pregnancy/Parenting

Responsibilities

- Family or Personal Crisis/

Responsibilities

- Impulsive Behavior
- Emotional/Psychological

Difficulties

- Health/Medical Conditions

- Other (explain)

The Collaborative School

Brentwood·Clayton·Ladue
543 Hanley Industrial Court
Brentwood, MO 63144
(314)-645-4755

2. Describe the strengths of the student:
3. Describe the strengths of the family:
4. What do others tend to like most about the student?
5. What is the student's approximate reading level?
6. Please discuss the "Learning Styles" that best suit this student. Describe the type of classes and experiences in which the student usually succeeds (e.g. hands on vs. lecture, class size, personality of teacher, etc.).
7. In order to help the Collaborative School Staff, please describe the qualities of an adult with whom the student would likely have a positive connection/relationship.
8. Describe the types of classes or experiences in which the student usually has difficulty.
9. What recommendations do you have to improve the chances of this student's success at the Collaborative School?

The Collaborative School

Brentwood·Clayton·Ladue
543 Hanley Industrial Court
Brentwood, MO 63144
(314)-645-4755

ADDITIONAL REFERRAL INFORMATION FOR

STUDENTS WITH DISABILITIES

Complete Questions 10-14 for students with IEPs.

10. Special Education Diagnosis _____

11. Date of last IEP _____ (attach)

12. Date of last Re-evaluation _____ (attach)

13. IEP Case Manager Name: _____ Phone# _____

14. Current Special Education Services

_____ Special Education minutes.

_____ Speech/Language

_____ OT _____ PT _____ Social Work

_____ Functional Behavior Assessment (attach)

_____ Behavior Improvement Plan (attach)

_____ Other (explain)

Complete Questions 15-16 for students with Section 504 plans.

15. Section 504 eligible diagnosis _____

16. Date of Section 504 Plan _____ (Please Attach)

The Collaborative School

Brentwood·Clayton·Ladue
543 Hanley Industrial Court
Brentwood, MO 63144
(314)-645-4755

COLLABORATIVE SCHOOL REFERRAL PARENT QUESTIONNAIRE

Student: _____ Date: _____

Name of Parent/Guardian completing this form: _____

1. List three (3) of your child's strengths:

a. _____

b. _____

c. _____

2. List three (3) strengths of your family:

a. _____

b. _____

c. _____

3. What special interests, talents, and skills does your child have?

4. What do you hope your child will accomplish while attending the Collaborative School?

5. What are your goals for your child's success at the Collaborative School?

6. What other information about your child will help the Collaborative School staff work effectively with your child?

The Collaborative School

Brentwood·Clayton·Ladue
543 Hanley Industrial Court
Brentwood, MO 63144
(314)-645-4755

7. Who does your child live with? Check all that apply.

Relationship	Name	Age
<input type="checkbox"/> Mother	_____	_____
<input type="checkbox"/> Father	_____	_____
<input type="checkbox"/> Step Mother	_____	_____
<input type="checkbox"/> Step Father	_____	_____
<input type="checkbox"/> Guardian	_____	_____
<input type="checkbox"/> Foster Parent	_____	_____
<input type="checkbox"/> Grandparent	_____	_____
<input type="checkbox"/> Other (describe)	_____	_____

8. Mother/Guardian Employer: _____

Work Phone#: _____ Best time to contact you at work _____

9. Father/Guardian Employer: _____

Work Phone #: _____ Best time to contact you at work: _____

10: List all siblings:

	Name	Age	School	Lives With	Race
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____

The Collaborative School

Brentwood·Clayton·Ladue
543 Hanley Industrial Court
Brentwood, MO 63144
(314)-645-4755

COLLABORATIVE SCHOOL REFERRAL STUDENT QUESTIONNAIRE

Student's Name: _____ Date: _____

1. List three (3) of your strengths:

a. _____

b. _____

c. _____

2. List three (3) of your special interests, talents, and skills:

a. _____

b. _____

c. _____

3. What do other people like about you?

4. List (3) things that have made it difficult for you to be successful in your current school.

a. _____

b. _____

c. _____

5. What are your goals for this year?

6. What in the past has prevented you from achieving your goals?

7. What will assist you in achieving your goals now?

8. What do you want to accomplish this semester?

9. What are your goals after you finish high school?