



2019-2020 Referral Form

Student Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Home phone: _____ work phone: _____ cell phone: _____

Other phone: _____ E-mail: _____

Birth date: _____ MARSS # _____

Resident District: _____ Last School Attended: _____ Grade: _____

Person completing this form: _____

What is the specific reason for this referral? _____

A pupil under the age of 21 or who meets the requirements of section 120A.20, subdivision 1, paragraph (c), is eligible to participate in the graduation incentives program, if the pupil:

- _____ (1) performs substantially below the performance level for pupils of the same age in a locally determined achievement test;
- _____ (2) is behind in satisfactorily completing coursework or obtaining credits for graduation;
- _____ (3) is pregnant or is a parent;
- _____ (4) has been assessed as chemically dependent;
- _____ (5) has been excluded or expelled according to sections 121A.40 to 121A.56;
- _____ (6) has been referred by a school district for enrollment in an eligible program or a program pursuant to section 124D.69;
- _____ (7) is a victim of physical or sexual abuse;
- _____ (8) has experienced mental health problems;
- _____ (9) has experienced homelessness sometime within six months before requesting a transfer to an eligible program;
- _____ (10) speaks English as a second language or has limited English proficiency; or
- _____ (11) has withdrawn from school or has been chronically truant

Please include the following with this Referral

- Attendance Records
- Behavior Records
- Transcript and Credit Check
- Immunization Records
- IEP/504 Plan
- Health/Medication Plans

Note: If the student being referred is in special education, this referral must be sent to the **resident district's special education coordinator** for processing **before** being sent to the ZED ALC.

What interventions/strategies have been implemented to support this student?

Which interventions were most successful? _____

Is this student presently employed? _____ Where? _____

Is the student currently receiving or has this student previously received services from county social services?

Mental Health Service Provider: _____ Phone # _____

Probation Officer: _____ Phone # _____

Social Worker: _____ Phone # _____

Does the student have chemical health issues? (Describe)

Has this student been in treatment for chemical dependency? _____

Location: _____ Dates: _____

Are there mental health concerns? Describe: _____

Has this student been in treatment for mental health issues? _____

Where? _____ dates: _____

Please add additional information which would help us better serve this student?

The information you have provided will help this student make a smooth transition to the ALC. Please send forms to the attention of Amy Stites (Principal) astites@zumbroed.org or Andrew Petersilie (counselor) apetersilie@zumbroed.org.

Special Education referrals should be sent to Pat Ames pames@zumbroed.org.