



## 2020-2021 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- \_\_\_\_\_ (11) has withdrawn from school or has been chronically truant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, a copy of this referral must be sent to the **resident district's special education coordinator**.

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

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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)

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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? (attach additional pages if necessary)

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The information you have provided will help this student make a smooth transition to the ALC. Please send **COMPLETED**

form and all corresponding documents to the attention of Andrew Petersilie (counselor) at [apetersilie@zumbroed.org](mailto:apetersilie@zumbroed.org)

**AND** Jessica Walton (Office Manager) at [jwalton@zumbroed.org](mailto:jwalton@zumbroed.org). An ALC team member will reach out to you to arrange

a phone call, virtual meeting, in-person tour, or intake.