

MARIN COUNTY OFFICE OF EDUCATION
ALTERNATIVE EDUCATION PROGRAMS REFERRAL

Marin's Community School ORACLE Independent Study Phoenix Academy Charter School

1111 Las Gallinas Avenue/P O Box 4925, San Rafael, CA 94913
(415) 491-0581 FAX: 491-0981

Student Name _____	Date of Birth _____	Grade _____
Residence Address _____	City _____	Zip _____ Telephone _____
PARENT OR LEGAL GUARDIAN Name(s) _____	Work Phone _____	
Address(es) _____		
Special Education YES ___ NO ___ If yes, see <i>Required Information</i> below		
English Learner (ELD) YES ___ NO ___ Proficiency Level _____ Primary Language _____		

LAST SCHOOL ATTENDED: _____		
Has the student attended any other schools in the last year? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, please list: School(s)/Address(es) _____		
EXPULSION		
Has the student been expelled from his/her school/district of residence? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, what is the period of expulsion? _____ through _____		
Does the student have an expulsion hearing pending? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, what is the date of the hearing? _____		
Reason for expulsion: _____		
SPECIAL EDUCATION – Required Information: Copies of Special Education documents (Annual Review IEP, Behavior Plan, Current Assessment) <u>MUST</u> accompany this referral		
Does the student have an active IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Does the student have a 504 Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Has the student been referred for a special education assessment? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Does the student have a required behavior intervention plan? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ATTENDANCE		
Please rate the student's attendance for the past six months: <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor		
Comments: _____		
Has there been a recent period of non-attendance? <input type="checkbox"/> YES, how long? _____ <input type="checkbox"/> NO		
BEHAVIOR		
Please rate the student's behavior for the past six months: <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor		
Comments: _____		
Have there been recent suspensions: <input type="checkbox"/> YES, how many? _____ Total days? _____ <input type="checkbox"/> NO		

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STUDENT NAME: _____

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

CONDITIONS FOR RETURN TO DISTRICT PROGRAM
 Attend school daily for a minimum of one full semester Arrive to school on time
 Complete all academic assignments on time Maintain positive, appropriate school behavior
 Observe rules of Community School programs

OTHER: _____

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 Marin County Community Schools Programs 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 Marin County Community Schools 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**

Date of Referral Recommendation: _____