

Referral Form

I. STUDENT INFORMATION

Today's Date: _____

Student ID#/ SASID #: _____ Student Name: _____

Previous School: _____ Current School: _____

Does Student Receive Sped Services? Yes ___ No ___ Does Student have IEP? Yes ___ No ___

Grade: ___ Age: ___ D.O.B.: _____ Gender: ___ Race: _____

Native Language: _____ Interpreter needed for Student/Family? Yes ___ No ___

If Interpreter is needed, specify the language: _____

Temporary Address/Shelter: _____

Parent/Guardian Name: _____

Parent/Guardian contact phone: _____ Alternate phone: _____

II. REFERRAL SOURCE INFORMATION

Referring Person: _____ Title: _____

Agency/School: _____ Phone: _____

Has the family been notified or informed that this referral is being made to the Boston Public School's Homeless Education Resource Network? Yes ___ No ___

Referral Action Made/Taken: The difficulties below often prevent students & youths experiencing homelessness from having stable and consistent school experiences. Please indicate the areas of concern you have regarding the identified student:

1. ___ Student/family needs assistance with enrollment
2. ___ Student/family are missing documents needed for school enrollment (e.g. Immunization/school records)
3. ___ Student needs after-school program
4. ___ Student needs immunizations
5. ___ A birth certificate is needed
6. ___ School is experiencing difficulty obtaining academic records
7. ___ Excessive student absences/tardiness is an obstacle
8. ___ School supplies are needed
9. ___ Academic challenges indicate a need for tutoring
10. ___ Transportation to and/or from school is needed
11. ___ Student/Family needs assistance accessing community resources
12. ___ Behavior indicates a need for counseling
13. ___ Health challenges are indicated
14. ___ Signs of abuse and/or domestic violence/neglect
15. ___ Student/family needs translation services
16. ___ Assessment of food insecurities needed
17. ___ A need for early childhood general screening/assessment is indicated
18. ___ Assistance with transitioning to other school district (Applicable to students whose travel time is over one hour either way)
19. ___ Other _____