INTERAGENCY ACADEMY REFERRAL FORM

REFERRING SCHOOL: _____ DATE: _____

Interagency Orientation Information: A new orientation session begins each week on Thursday, and runs Thursday, Friday, Monday and Tuesday, from 9 a.m. – 1 p.m. Students must attend all 4 days in order to receive an Interagency campus placement. We must have a completed referral form for all referrals (suspended/expelled students included) before a student may begin the orientation process.

All Referral Forms are to be sent to Jowell Rollolazo at jrollolazo@seattleschools.org and Michelle Manion at mmmanion@seattleschools.org or by fax to (206)743-3931 (fax).

Student Information: Name: _____ Student ID #_____

Grade: _____ D.O.B._____ Gender/Preferred Pronouns: _____ Ethnicity: _____

Phone: _____ Email: _____

Address: _____

Parent/Guardian Information:

Name of Primary Caregiver: _____

Relationship to student: _____ Phone: _____ Email: _____

Reason for referral: Why are you making a referral for this student?

Academic Information (please attach current transcript):
What are the most recent MAP scores? Reading _____ Math_____ Date Tested: _____

Does the student have an IEP? _____ In what areas?

What are your primary academic concerns for this student?

Please describe any academic interventions that have been attempted. Were they successful?

Barriers to Success: Is behavior modification required for this student to return to your school? Y/N

Is a drug/alcohol assessment required for this student to return to your school? Y/N

Has an attendance contract been completed for this student? _____ If yes, please attach.

Is the student currently on probation, parole or court involved? _____

If yes, what is the P.O.'s name? _____

What do you see as the primary barriers to this student's success (drug/alcohol use, attendance, classroom behavior, gang involvement, family issues, etc.)? Please provide as much detail as possible:

Please describe any interventions that have been attempted to address these barriers:

Is there a community agency, counselor, mentor, case worker, or school staff member that the student is

connected to that we should contact for additional information? Please provide contact information:

Are there any Interagency campuses you would recommend for this student? _____

Are there any Interagency campuses you would **NOT** recommend for this student? _____

What are the reasons?

Is there anything else we should know about this student to help her/him succeed?

Counselor/Administrator Signature: _____ Date: _____

Counselor/Administrator Name (Print) _____Best Way to Contact_____