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| --- | --- | --- | --- |
| Positive Steps – Referral Form  email: dreed@psesd.org | | | Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | | |
| **Referral Date:** | | Truancy | Juvis #: | |
| Referred by:  Contact Info: | | ARY | Cause #:1  -7-              - | |
| PST | Positive Steps Team: | |
| Assigned to: | | Parent Project |

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **Student Information** | **Student Name:** | |  | | | | | School | | | |
| Student BD: | |  | | | Age | | School District: | |  | |
| Sex: | | M F | | | | | Current/last  school attended: | |  | |
| Race: | |  | Hispanic Y N | | | | School Phone: | |  | |
| Family | | | | Birth Date | | Lives With | Contact person: |  | | |
| Mother |  | | |  | |  | Date last attended: | |  | |
| Father |  | | |  | |  | Grade: | |  | |
| Home Address: | | | | | | | Credits: | |  | |
| City/Zip: | | | | | | | IEP/504: | |  | |
| Incorporated  Unincorporated | | | | | | | Discipline Issues: | |  |  |
|  | Home Phone: | | | | | | | Areas of Concern in School: |  | | |
|  | Cell Phone: | | | | | | |

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| **Reason for Referral**  **(please indicate areas of concern and reasons why)** | Substance Abuse: | Extracurricular Activities: |
| Medical Issues: | Aggressive Behavior: |
| Mental Health: | Criminal Activities: |
| Family Conflict: | Gang Affiliation: |
| Social Issues: | Other: |

|  |  |
| --- | --- |
| **1st Home Visit Date:** | **Next Court Date:** |

**Referral Contact**: When completed, please fax or mail this form using a confidential cover sheet with the signed Authorization to Release Information to: Debbi Reed, Early Warning Specialist Phone: 253-733-9882

Mail: PSESD Dropout Prevention & Retrieval, Attn: Debbi Reed, 800 Oakesdale Ave SW, Renton, WA 98057