|  |  |
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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