



**COMMUNITY SCHOOL REFERRAL RECOMMENDATION FORM -- *CONFIDENTIAL***

**REFERRAL DATE:** \_\_\_\_\_

**Email to:** Chris Balogh, Director: [cbalogh@slocoe.org](mailto:cbalogh@slocoe.org) & Maria Vega, School Secretary: [mvega@slocoe.org](mailto:mvega@slocoe.org)

<p align="center"><b>RECOMMENDING AGENCY</b></p> <p><input type="checkbox"/> School District</p> <p><input type="checkbox"/> Probation Department</p> <p><input type="checkbox"/> Other _____</p>	<p align="center"><b>ELIGIBILITY CRITERIA (Per Ed. Code 1981)</b></p> <p><input type="checkbox"/> SARB (date: _____)    <input type="checkbox"/> Expulsion (date: _____)</p> <p><input type="checkbox"/> Probation (601,602)    <input type="checkbox"/> Soc. Service (WIC 300)</p> <p><input type="checkbox"/> Other _____</p>
<p>Date Eligible for Readmission: _____</p>	
<p><b>REQUIRED ATTACHMENTS ~ (Special Education paperwork must have signatures)</b></p> <p><input type="checkbox"/> Transcript                      <input type="checkbox"/> Attendance Records                      <input type="checkbox"/> 3-Year Year Discipline History</p> <p><input type="checkbox"/> Immunization Record                      <input type="checkbox"/> SARB Disposition                      <input type="checkbox"/> Expulsion Paperwork &amp; Rehabilitation Plan</p> <p><input type="checkbox"/> 504 Plan / Manifestation Determination                      <input type="checkbox"/> Health Care Plan</p> <p><input type="checkbox"/> Most Current IEP / Psychological Evaluation / Behavior Plan / Manifestation Determination &amp; Amendment*</p> <p><i>*Manifestation determination &amp; amendment are required prior to a change of placement ordered by Expulsion or SARB.</i></p>	

**EDUCATIONAL BACKGROUND INFORMATION**

Student's Full Legal Name:	Grade:	Age:	Date of Birth:
Student's Address:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	Ethnicity:	Home Language _____ Translator Needed <input type="checkbox"/> Yes <input type="checkbox"/> No
Student's Former School:		District:	
County (if not San Luis Obispo):			
Father's Name & Address:	In Home? <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Father's Phone</u> Home / Cell Phone: Work:	
Mother's Name & Address:	In Home? <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Mother's Phone</u> Home / Cell Phone: Work:	
Guardian's Name & Address:	In Home? <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Guardian's Phone</u> Home / Cell Phone: Work:	
<p><b>Special Education Status:</b></p> <p><b>Does student have an active I.E.P.?</b> <input type="checkbox"/> Yes    <input type="checkbox"/> No (Include Manifestation Determination / IEP Amendment, and Behavior Support Plan if applicable. All documents must be complete and include signatures)</p> <p>If exited, include copy of exit I.E.P.</p> <p>Has the <b>Change of Placement IEP</b> been scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No    Date? _____</p>			
<b>Is this student on probation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Probation Officer:		<b>Expelled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of Board Action:	

**Medical Information:** Does this student have any medical issues that require accommodations and/or monitoring/treatment (e.g. diabetes, asthma, anaphylaxis, seizures, an open Mental Health case)? ☐ Yes ☐ No  
If "Yes," explain briefly and attach the health care plan.

Name of School/District Nurse: \_\_\_\_\_

**English Language Learner Information**

Is this student EL? ☐ Yes ☐ No If "Yes", Overall ELPAC Score Level \_\_\_\_\_  
Redesignated FEP? ☐ Yes ☐ No If "Yes", Date: \_\_\_\_\_

**Interventions Attempted (Check all that apply)**

☐ Behavioral Contract ☐ Student Study Team ☐ Parent Conference(s)  
☐ School Nurse ☐ Home Visit(s) ☐ 504 Plan (attach copy w/ Manifestation Determination)  
☐ Attendance Contract ☐ Adult Education ☐ Referral to School Psychologist  
☐ Independent Study ☐ Continuation High School ☐ Program Adjustments (e.g. modified day, class changes)  
☐ Other: \_\_\_\_\_

**COMMENTS:** (Include specific information regarding at-risk behaviors, such as truancy, discipline, substance abuse, suicidal tendencies, runaways, gang involvement, violence, etc.)

I hereby request that the San Luis Obispo County Office of Education and the San Luis Obispo County Probation Department determine eligibility of this student for participation in the Community School program.  
*Parent signature allows for review of student records. The enrollment process cannot proceed without District Board Action or SARB Directive as well as required signatures below.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

**REFERRAL RECOMMENDATION REVIEW**

\_\_\_\_\_  
School District Representative Signature Title Date  
(Signature indicates agreement as to appropriateness of placement.)

\_\_\_\_\_  
SLOCOE Director of Alternative Education Signature Date

\_\_\_\_\_  
Court/Probation Representative Signature Date

(Certified Pursuant to San Luis Obispo County Juvenile Court Memorandum dated February 13, 2002.)

***Enrollment of student is contingent upon acceptance and approval of this request by the  
San Luis Obispo County Office of Education, Community School***

***cb 10/11/2021***