San Luis Obispo County Office of Education, Loma Vista Community School 2494 Pennington Creek Road, San Luis Obispo, CA 93405

COMMUNITY SCHOOL REFERRAL RECOMMENDATION FORM -- CONFIDENTIAL

SAN LUIS OBISPO COUNTY OFFICE OF EDUCATION LEADERSHIP • COMMUNITY • SERVICE JAMES J. BRESCIA, EO. D., SUPERINTENDENT

Email to: Chris Balogh, Director: cbalogh@slocoe.org

Maria Vega, Data & Student Information Specialist: mvega@slocoe.org

ELIGIBILITY CRITERIA (Per Ed. Code 1981)	□ SARB	□ Exp	oulsion Juv	venile Court Order		
Referral Date:	Referral Date: Date Eligible for Readmission:					
REQUIRED ATTACHMENTS ~ (Special Education paperwork must have signatures)						
 □ SARB Disposition □ Expulsion Paperwork & Rehabilitation Plan □ 504 Plan / Manifestation Determination □ Current IEP including: Psychological Evaluation / Behavior Plan / Manifestation Determination & Amendment* *A manifestation determination is required prior to a change of placement ordered by 				Transcript Health Care Plan Attendance Records Three Year Discipline History Immunization Record ulsion or SARB.		
Student's Full Legal Name:	Grade:	IND INF	Age:	Date of Birth:		
Student's Address:	☐ Mal ☐ Fem ☐ Non	ale	Ethnicity:	Home Language Translator Needed □Yes □No		
Student's School: District:						
County (if not San Luis Obispo):						
Father's Name & Address: In Home? ☐ Yes ☐ No			Father's Phone Home / Cell Phone: Work:			
Mother's Name & Address: In Home? □Yes □No		Mother's Phone Home / Cell Phone: Work:				
Guardian's Name & Address: In Home? □Yes □No		Guardian's Phone Home / Cell Phone: Work:				
Special Education Status: Does student have an active I.E.P.? ☐ Yes ☐ No (Include Manifestation Determination / IEP Amendment, and Behavior Support Plan if applicable. All documents must be complete and include signatures) If exited, include copy of exit I.E.P. Has the Change of Placement IEP been scheduled? ☐ Yes ☐ No ☐ Date?						
Probation Officer: If yes, date of Board Action:						

Medical Information: Does this student have any medical issues that require accommodations and/or monitoring/treatment? \square Yes \square No \square 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 Redesignated FEP? ☐ Yes ☐ No		core Level					
Interventions Attempted (Check all t							
□ Behavioral Contract □ Student Study Team □ Parent Conference(s) □ School Nurse □ Other:	 ☐ Home Visit(s) ☐ 504 Plan ☐ Attendance Contract ☐ Continuation High School 	☐ Adult Education ☐ Referral to School ☐ Independent Study ☐ Program Adjustme	7				
COMMENTS: (Include specific inform suicidal tendencies, runaways, gang invo		h as truancy, discipline, subs					
Parent signature allows for review of st Action or SARB Directive as well as req	_	ess cannot proceed without 1	District Board				
I hereby request that the San Luis Obispo County Office of Education determine the eligibility of this student for participation in the Community School program.							
Parent/Guardian Signatu	ire	Student Signature					
REFERRAL RECOMMENDATION REVIEW							
School District Representative	Signature	Title	Date				
Court/Probation Representative Signature (Signature indicates agreement as to appropriateness of placement.)							
SLOCOE APPROVAL TO SCHEDULE ENROLLMENT MEETING							
SLOCOE Director of Alternative Educat	ion Signature		Date				

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

cb 8/03/2022