



COMMUNITY SCHOOL REFERRAL RECOMMENDATION FORM -- CONFIDENTIAL

Email to: Chris Balogh, Director: cbalogh@slocoe.org
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ELIGIBILITY CRITERIA (Per Ed. Code 1981) <input type="checkbox"/> SARB <input type="checkbox"/> Expulsion <input type="checkbox"/> Juvenile Court Order	
Referral Date: _____	Date Eligible for Readmission: _____
REQUIRED ATTACHMENTS ~ (Special Education paperwork must have signatures)	
<input type="checkbox"/> SARB Disposition <input type="checkbox"/> Expulsion Paperwork & Rehabilitation Plan <input type="checkbox"/> 504 Plan / Manifestation Determination <input type="checkbox"/> Current IEP including: Psychological Evaluation / Behavior Plan / Manifestation Determination & Amendment*	<input type="checkbox"/> Transcript <input type="checkbox"/> Health Care Plan <input type="checkbox"/> Attendance Records <input type="checkbox"/> Three Year Discipline History <input type="checkbox"/> Immunization Record
*A manifestation determination is required prior to a change of placement ordered by Expulsion or SARB.	

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 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:

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? _____

Is this student on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No Probation Officer:	Expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of Board Action:
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