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, ED. D., SUPERINTENDENT

Email to: **Chris Balogh, Director: cbalogh@slocoe.org**
Jennifer Kaplan, Administrative Assistant: jkaplan@slocoe.org

ELIGIBILITY CRITERIA (Per Ed. Code 1981) ☐ SARB ☐ Expulsion ☐ Juvenile Court Order

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*
- ☐ Transcript
- ☐ Health Care Plan
- ☐ Attendance Records
- ☐ Three Year Discipline History
- ☐ 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:	☐Male ☐Female ☐Nonbinary	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 / Disability Status: (All documents must be complete and include signatures)

Does student have an active IEP? ☐ Yes ☐ No ☐ Manifestation Determination ☐ IEP Amendment ☐ Behavior Support Plan if applicable.	**Does student have a 504 Plan?** ☐ Yes ☐ No ☐ Copy of 504 Plan ☐ Manifestation Determination

- If exited, include copy of exit IEP.
- **Change of Placement IEP** been scheduled? ☐ Yes ☐ No Date? _____

Is this student on probation? ☐ Yes ☐ No Probation Officer:	**Expelled?** ☑ Yes ☐ No If yes, date of Board Action:

Medical Information: Does this student have any medical issues that require accommodations and/or monitoring/treatment? ☐ 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
- ☐ Counseling: Social/Emotional
- ☐ Home Visit(s)
- ☐ Attendance Contract
- ☐ Continuation High School
- ☐ Adult Education
- ☐ Counseling: Academic
- ☐ Independent Study
- ☐ Program Adjustments
- ☐ SAFE Referral
- ☐ Referral to Daybreak Health
- ☐ Other: _____

COMMENTS: (Include specific information regarding student strengths as well as major factors contributing to lack of school success).

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 Signature Student Signature

REFERRAL RECOMMENDATION REVIEW

_____

School District Representative Signature Title Date

_____

Court/Probation Representative Signature Date

(Signature indicates agreement as to appropriateness of placement.)

SLOCOE APPROVAL TO SCHEDULE ENROLLMENT MEETING

_____

SLOCOE Director of Alternative Education 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 8/7/2025