



Administrative Use Only

_____ Student ID #

_____ Data Entered

Check Connect & Respect Student Referral Form

Student Name: _____ **Date:** _____

Gender: _____ **DOB:** _____ **Grade Level:** _____

School: _____ **Teacher:** _____

Parent/Guardian: _____ **Parent/ Guardian:** _____

Referred By (Include Position/Title): _____

Home Telephone Number: _____

Reason for Referral: *(Mark All That Apply w/ "X")*

	Yes	No	Comment
Late to school			
Absent			
Behavior Issues			
Suspension/ Expulsion			
Poor academic performance			
Grade retention			
Out-of-home placements			
Running away			
Substance use or abuse			

Special Services Student Receives *(mark all that apply)*

- ___ Spec Ed
- ___ Title 1
- ___ ESL
- ___ None
- ___ Do not know
- ___ Other _____

Signature: _____

****Please Attach Student Attendance Record**

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