

PALM SPRINGS UNIFIED SCHOOL DISTRICT
ALTERNATIVE EDUCATION REFERRAL FORM

Student name: _____
Last First M.I.

Parent/guardian: _____


Address: _____
Street City Zip

Phone Number Home: _____ Wk: _____ Cell: _____

Referring school: _____ Program requested: _____

Synergy ID # _____ DOB: _____ Current Grade: _____ Grad Yr: _____

<input type="checkbox"/> CELDT LEVEL _____		<input type="checkbox"/> NOT APPLICABLE	
<input type="checkbox"/> Former Sp. Ed Std. _____	<input type="checkbox"/> IEP due _____	<input type="checkbox"/> 504 due _____	
_____	<input type="checkbox"/> Psych's Review (If exited at last year) _____		
<input type="checkbox"/> Interventions _____			
<input type="checkbox"/> SST _____	<input type="checkbox"/> Tutoring _____	<input type="checkbox"/> Probation _____	
<input type="checkbox"/> Counseling _____	<input type="checkbox"/> YAT _____		
<input type="checkbox"/> Academic needs _____			
<input type="checkbox"/> Social/Emotional/Behavioral needs _____			
<input type="checkbox"/> Health needs _____			

<p><i><u>Please attach the following</u></i></p> <ul style="list-style-type: none"> • Test History • Attendance Summary (not daily report, only summary) • Behavior Report • Transcript 		
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Student signature Parent signature Date

Counselor's Signature Date

<p><i>For Office Use Only</i></p>			
<p>Additional information: _____</p> <p>_____</p>			
Site Approval _____	Program _____	Site _____	Date _____
District Approval _____	Program _____	Site _____	Date _____