

Summit School Program

Referral Form 2018-2019

455-A North 22nd Street

Grand Junction, CO 81501

970-254-6885 (x26200)

Date: _____ Home School: _____ Referred by: _____ Ext.: _____

**Would the counselor like to be invited to the student interview held at Summit? ___ Yes ___ No

Name of student's counselor: _____ Ext: _____

Student Information:

Student Name _____ Birthdate _____ Age _____ Grade _____ Student ID# _____

Address _____

Parent/Guardian _____ Contact Number _____

Parent and School Input/Concerns:

Interventions attempted/outcomes (include length of intervention and attach any relevant data):

Why does the team feel Summit would be appropriate?

- 1.
- 2.

Current or Previous Involvement With:

<input type="checkbox"/> Attendance-Truancy Plan	<input type="checkbox"/> Day/Residential Treatment/Inpatient
<input type="checkbox"/> School Based Threat Assessment	<input type="checkbox"/> Probation, Diversion, Tracking
<input type="checkbox"/> MTSS (Multi-tiered Systems of Support)	<input type="checkbox"/> KNEX (Kids Needing Extra)
<input type="checkbox"/> Behavior Therapist/Trauma Coach	<input type="checkbox"/> Mind Springs Health
<input type="checkbox"/> Career Center/WCCC	<input type="checkbox"/> Social Services
	<input type="checkbox"/> Other (Private Therapy, ATU, Partners)

Attach, if applicable:

Transcript

IEP Primary Disability: _____ Date of next review: _____ (___ Annual ___ Triennial)

Case Manager Name: _____ Extension: _____

Behavior Plan

504 Plan

Discipline

Remedial Discipline Plan

Healthcare Plan