



Relevant Experiential Authentic Learning

Martin Mackey, Director
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This referral form will help us create a program that best meets the needs of your student. Please fill in as much of this information as possible.

Student Name:

Referral Date:

Age:

Birth Date:

Expected graduation date:

Gender:

Student ID #

Current School/ District:

Guardians:

Is there anyone that is restricted from contact with this student?

Name:_____.

Is this Student a State Agency Client? Yes No

Phone numbers(please include all relevant contact individuals)

Address:

How long has the student lived here?

Is the student currently receiving community-based case management and/or counseling services? Yes No

(if yes please include name and agency of current case management services)

Has this student received counseling/case management services in the past?

Yes No

(if yes please include name and agency of current case management services)

Please rate this students overall level of academic engagement(1 Minimally, 4 heavily)

Number of absences during the last school year:

Number of disciplinary referrals during the last school year:

Estimated number of days this student was suspended during the last school year:

Is this student currently facing expulsion?

Yes (if yes please explain) No

Is this student currently involved with the juvenile justice system?

Yes (if yes please explain) No

Has this student been involved with JJS in the past?

Yes (if yes please explain) No

Does this student have documented substance use issues?

Yes (if yes please explain) No

Has this student's guardian had child protective involvement in the past 6 months?

Yes (if yes please explain) No

Additional considerations we should know about when developing the educational programming of this student?

Thanks we look forward to working with you and your student. To ensure continuity in programming please send: current transcript, previous school settings, recent IEP, written notice, and all psychological evaluations as soon as possible. All information will be kept confidential and secure. We look forward to working with you and your student.

Please save this form (file as as) under your students name and return to Martin Mackey at mmackey@brunswick.k12.me.us

Office Use Only:

Scheduled tour of the school:

Scheduled intake interview:

Current IEP:

Current Written Notice:

Transcripts: