



Youth Information		
Date:	Referred by:	
Youth Name:	Youth Email:	
Date of Birth:	Youth Phone:	
Parent/Guardians:	Phone:	
	Email:	
Gender Identity:	Pronouns:	
Living Arrangement: <input type="checkbox"/> Two parents <input type="checkbox"/> Single parent <input type="checkbox"/> Relatives <input type="checkbox"/> Homeless <input type="checkbox"/> Foster Care <input type="checkbox"/> Other:		
Ethnicity:	Grade Level:	Credits:
Last school enrolled in:	School contact (if available):	
School youth is returning to:	School contact (if available):	
Current Status: <input type="checkbox"/> Attending <input type="checkbox"/> Dropped out <input type="checkbox"/> Suspended <input type="checkbox"/> Expelled		
Current Interventions: <input type="checkbox"/> IEP or 504 Plan <input type="checkbox"/> McKinney-Vento <input type="checkbox"/> One-on-One relationship with counselor <input type="checkbox"/> Other:		
Other Referrals		
Community referrals in place (i.e., GED, Job Corps, Food Bank/Shelter, Boys & Girls Club, etc.)		
Medical or behavioral health referrals in place:		
Reasons for referral		
<input type="checkbox"/> Chronic attendance issues (missing more than 2 days a month) <input type="checkbox"/> Engagement issues <input type="checkbox"/> Other		
Notes		
Submission details		
To submit a referral, please send to: Attendance and Reengagement Team		