



## OPPORTUNITY ACADEMY REFERRAL FORM

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Total Credits: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_ Last Date Attended School: \_\_\_\_\_

Address of Verified Residency: \_\_\_\_\_

Previous Schools (if applicable): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Transcript and Progress Reports attached? Yes  No  If No, please indicate reason:

\_\_\_\_\_

### Educational History

|                             |                                 |                                |              |                                 |                                |  |                                |
|-----------------------------|---------------------------------|--------------------------------|--------------|---------------------------------|--------------------------------|--|--------------------------------|
|                             |                                 |                                |              | PARCC                           |                                | Please list other assessment scores<br>(if applicable) |                                |
|                             |                                 |                                |              | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |  |                                |
| Grade Functioning:          | Literacy Skills:                |                                | Math Skills: |                                 |                                |  |                                |
| Special Education Services? | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> | # hours:     | Is the IEP current?             |                                | Yes<br><input type="checkbox"/>                        | No<br><input type="checkbox"/> |

If student has a 504 please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Behavior History

| Select indicator with a | ✓                        | Provide details for the indicator(s) selected |
|-------------------------|--------------------------|---|
| (Ch 25) Suspension(s)   | <input type="checkbox"/> |   |
| Truancy                 | <input type="checkbox"/> |   |
| Behind in credits       | <input type="checkbox"/> |   |



**Attempted Interventions:**

- Academic Supports (Universal)
- Credit Recovery
- Parent Conference/Meeting Date(s): \_\_\_\_\_
- Teacher/student conference or administrator/student conference Date(s): \_\_\_\_\_
- Summer School
- Behavior Intervention Plan
- Student Support Team Meeting (Attendance) Date(s): \_\_\_\_\_

Other Interventions: \_\_\_\_\_  
\_\_\_\_\_

**Reason for Referral:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Point of Contact at School \_\_\_\_\_

Contact number \_\_\_\_\_

Date of Referral \_\_\_\_\_

Date of Intent to Transfer Meeting with Student and Parent/Legal Guardian \_\_\_\_\_

Opportunity Academy options student preference (Student Placement Office will determine final placement)

1. \_\_\_\_\_, 2. \_\_\_\_\_, 3. \_\_\_\_\_

Approved  Cluster \_\_\_ Instructional Supt. or Principal \_\_\_\_\_ Date: \_\_\_\_\_