## THE BRADLEY SCHOOL REFERRAL FORM­­­­

**Date of Referral:**

**STUDENT’S INFORMATION**

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| --- | --- |
| Student’s Name: |  |
| Student’s Date of Birth: |  | Age: |  |
| Grade Level: |  | Educational Diagnosis: |  |
| Legal Involvement: | CYF Involvement: |

**PARENT/GUARDIAN’S INFORMATION**

|  |  |
| --- | --- |
| Name: | Email Address: |
| Relationship to the student: | Phone Number: |
| Address: |
| Who is the primary caregiver? |
| Who has legal custody of the child? |
| Who is the educational decision maker? |

**SCHOOL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Current School: |  | Current District: |  |
| School Representative: |  |

**CLASSROOM PLACEMENT (Please circle one)**

|  |  |  |
| --- | --- | --- |
| Special Education | Transitions | 45 day placement |
| Life Skills | Autism |

**REASON FOR REFERRAL**

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**SCHOOL DISTRICT EXPECTATIONS FOR RETURN**

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