## 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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