



THE BRADLEY SCHOOL REFERRAL FORM



Date of Referral: _____

STUDENT'S INFORMATION

Student's Name:	
Student's Date of Birth:	Age:
Grade Level:	Educational Diagnosis:
Legal Involvement:	CYF Involvement:
JPO involvement:	Truancy:
Any additional outside services that the student/family receives:	

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:	
Current Number of Suspension Days:	
Reason for suspensions:	

CLASSROOM PLACEMENT (Please circle one)

Special Education	Transitions	45 day placement
Life Skills		Autism

REASON FOR REFERRAL (Check and explain all behaviors/concerns that are currently present including frequency)

<input type="checkbox"/> Physical Aggression _____
<input type="checkbox"/> Verbal Aggression _____
<input type="checkbox"/> Off-task behavior _____
<input type="checkbox"/> Safety Concerns _____
<input type="checkbox"/> Elopement _____
<input type="checkbox"/> Drug/Alcohol _____
<input type="checkbox"/> Weapons _____
<input type="checkbox"/> Other _____

SCHOOL DISTRICT EXPECTATIONS FOR RETURN

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 Providing Comprehensive, Caring, and Therapeutic Services to Children, Youth and Families

