**PATHWAYS TO SUCCESS STUDENT REFERRAL SHEET**



Pathways To Success is the next step in providing the least restrictive placement for a student  having a difficult time in the traditional school setting.  There are times in which a student may need a more restrictive environment in which Pathways would not be the appropriate placement.  Pathways To Success reserves the right to remove a student from the program at any time.
After completing this referral, an orientation must be held with the legal guardian to review and sign the Pathways Intake form.

***HOME SCHOOL INFORMATION***

**School:** Choose an item. **Date referred:** Click here to enter a date. **Duration of time at PS:** Choose an item.

**Reason for Referral:** Click here to enter text.

**Advocate’s name:** Click here to enter text. **Phone number:** Click here to enter text. **Email:** Click here to enter text.

***STUDENT'S INFORMATION***

**Student’s Name:** Click here to enter text. **D.O.B.:** Enter MM/DD/YYYY **Grade:** Choose an item. **Gender:** Choose an item.

**Ethnicity:** Choose an item. **Student Local Number:** Click here to enter text. **SS ID#:** Click here to enter text.

**Address:** Click here to enter text. **City:** Click here to enter text. **Zip:** Click here to enter text.

**Living with:** Choose an item.**Name:** Click here to enter text.**Email Address:**Click here to enter text.**Cell Phone:**Click here to enter text. **Work Phone:** Click here to enter text.

**Student’s Risk Factors:** Click here to enter text.

**Student’s Strengths:** Click here to enter text.

***ACADEMICS***

**What is the students current GPA?** Click here to enter text. **Number of credits earned to date:** Click here to enter text.

**Is this student currently on an IEP?** Choose an item. If yes, please send a copy.

**Is there an active 504 plan?** Choose an item.If yes, please send a copy.

***ATTENDANCE***

**This school year: unexcused absences** Click here to enter text./ tardy Click here to enter text. **Is this student:** Choose an item.

**Number of suspensions this school year:** Choose an item. **Number of suspensions in the past year?** Click here to enter text.

***SERVICES***

**In the past year, has this student received any special services AT SCHOOL?** Choose an item. Services given: Choose an item.

***LEGAL***

**Is this student involved with the legal system?** Choose an item.

**Does this student have a P.O.?** Choose an item. **Name:**  Click here to enter text. **Phone:** Click here to enter text.

***MEDICAL***

**Please list any student medical needs or conditions:** Click here to enter text

**Is this student on any daily medications?** Choose an item. **Is it taken at school?** Choose an item.