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**School-Based Support Referral Form**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

*“All referrals and sources are kept confidential to the extent of the law.”*

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Reason(s) for referral:

Academic Performance:

What teaching methods have you tried? (if applicable)

What reinforcements and rewards have you tried? How and When?

What other interventions were completed? How and When?

Note: Attach all pertinent documents relating to this referral. (e.g. parent contact, academic scores, counselor referrals, etc.)

Referred by: \_\_\_\_\_ Title: \_\_\_\_\_