

STAFF REFERRAL FORM

*** Please fill out form completely and submit at the bottom of the page ***

Student's Name: _____ **YOG:** _____

Referred By: _____ **Course:** _____ **Period:** _____

Date: _____ **# of Referrals:** _____

Reason for Referral:

Inappropriate behavior

Attendance

Academic Performance

Health Concern (School Nurse)

Explanation for the Referral:

Teacher's Action To Date:

Discussed with student Date: _____

Contacted Parent/Guardian Date: _____

Consulted Dept. Chairperson Date: _____

Sent Progress Report Date: _____

Administrator, Nurse, or Counselor Action Taken: _____

Signature: _____ **Date:** _____

SUBMIT:

By clicking on the student's grade below, this form will be automatically emailed to the appropriate administrator. Please do not submit until form is complete.

Freshman

Sophomore

Junior

Senior
