Hollandale School District Counselor Referral for Alternative Education Program

Student	Grade	Age	
Referral Source			
Counselor			
Email			

Counselor's History of Services

Referred to Counselor by		
Date first seen by counselor		
Applied Behavioral Analysis/Interventions Attempted or Initiated (include additional pages as necessary)		
Date	Specifics	

Counselor's Assessment (in Collaboration with Referring School/Teacher/Administrator)

Performs substantially below the performance level for pupils of the same age	Yes/No
	1 CS/1NO
Is at least one year behind in completing coursework or obtaining credits for graduation?	
Is the student pregnant or a parent?	
Has the student been assessed/diagnosed as chemically dependent?	
If so, who determined this assessment?	
Is the student a victim of physical or sexual abuse?	
If so, who diagnosed this?	
Has the student experienced mental health problems?	
If so, who diagnosed this?	
Has the student experienced homelessness within the last six months?	
Does the student speak English as a second language or has limited English proficiency?	

Student has been suspended, excluded, or	Dates and explanation
expelled?	
YES NO	
Student has received other disciplinary	Dates and explanation
action?	
YES NO	
Student has truancy issues?	Dates and explanation
YES NO	
Truancy petition filed?	
YES NO DON'T KNOW	
Student has a social worker or case	Name: Phone:
manager?	
YES NO	