

So Cal Crossroads Program Referral

Email:

Student name:

Date of birth: mm/dd/yyyy

School:

Student ID number:

Grade:

Special program:

- SDC
- RSP
- 504
- Foster
- Homeless
- Other:

School is recommending student participate due to:

- Student has had numerous referrals/suspension (behavior)
- Student has experienced bullying

- Student is involved in perceived gang activity
- Conflict resolution session with another student on the same campus

Student/family is requesting services for:

- Personal mentoring
- Conflict resolution session with another student on the same campus

Students overall standing:

- Passing grades (all D's or better)
- Failing grades (at least 2 F's)
- Consistent attendance (present daily with the exception of one absence a month- approximate)
- Inconsistence attendance (absent at least once a week)
- District Student Services is requesting student to participate in Crossroads after suspension and/or discipline

Reason for suspension:

Suspension date: mm/dd/yyyy

Legal issues (choose the one that applies below and provide details):

- Student on probation.

- Student currently has pending ticket violations.

- Student has been incarcerated

School counselor:

Contact number: