



THE ERVIN ACADEMY INCORPORATED

STUDENT & MENTEE REFERRAL FORM

GENERAL INFORMATION									
Last Name:			First:			Grade:		Date of Referral:	
Referred to:						Participation Effective Date:			
Recommender Name:				Title of Recommender		Referring Agency:			
REASON FOR REFERRAL (CHECK ALL THAT APPLY)									
<input type="checkbox"/> Unacceptable Language			<input type="checkbox"/> Willful Refusal to Follow Directions or Instructions						
<input type="checkbox"/> Disruptive Horseplay			<input type="checkbox"/> Mentoring						
<input type="checkbox"/> Fighting			<input type="checkbox"/> Possession of a Controlled / Non-Controlled Substance <i>(circle one)</i>						
<input type="checkbox"/> Leadership Development			<input type="checkbox"/> Oral Tobacco / Smoking <i>(circle one)</i>						
<input type="checkbox"/> Willful Damage to School Official/School Property			<input type="checkbox"/> Personal: _____						
<input type="checkbox"/> Willful Damage to Personal Property			<input type="checkbox"/> Under Influence of Drugs / Alcohol - <i>Law enforcement intervention</i>						
<input type="checkbox"/> Truancy or Chronic Tardiness			<input type="checkbox"/> Possession of a Weapon - <i>Law enforcement intervention</i>						
<input type="checkbox"/> Bullying or Hazing			<input type="checkbox"/> Tutoring						
<input type="checkbox"/> Legal: _____			<input type="checkbox"/> Other: (Explain) _____						
Additional Information:									
PRIOR ACTION(S) TAKEN BY REFERRING AGENCY									
** NOTE:									
<input type="checkbox"/> Foster Care Placement: _____			<input type="checkbox"/> Drug/Alcohol Counseling: Date(s) _____						
<input type="checkbox"/> Previous Parental Notification(s) by Phone		Date/Time	Date/Time	Date/Time	<input type="checkbox"/> Anger Management Counseling		Date/Time	Name of Program	Telephone Number
<input type="checkbox"/> Verbal Warning: Date(s) _____			<input type="checkbox"/> Conference with Student: Date(s): _____						
<input type="checkbox"/> Incarceration: Date(s) _____			<input type="checkbox"/> Wrap-Around Services: Date(s): _____						
<input type="checkbox"/> Conference with Parents: Date(s) _____			<input type="checkbox"/> Counseling: Date(s): _____						
<input type="checkbox"/> Other Action(s):									
ADMINISTRATIVE ACTION									
<input type="checkbox"/> Consultation with Referral in Office					Referral Agrees with Referral Recommendation: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Parental/Guardian Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No					Method: <input type="checkbox"/> Verbal <input type="checkbox"/> Written				
<input type="checkbox"/> Parent Notification Method		<input type="checkbox"/> Phone Phone #: _____			<input type="checkbox"/> Copy of Referral		<input type="checkbox"/> Letter		
		Date: _____ Time: _____					<input type="checkbox"/> Student Delivery		
		Contact: _____					<input type="checkbox"/> 1 st Class		
							<input type="checkbox"/> Certified Mail		
<input type="checkbox"/> School Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No			NAME OF SCHOOL: _____			COUNTY: _____			
<input type="checkbox"/> Guidance Counselor Referral (GCR)			Name of Counselor: _____			NOTE: CC: Referral to Counselor			
<input type="checkbox"/> DFACS Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No			Name of Contact: _____			County: _____			
<input type="checkbox"/> Probation Officer Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No			Name of Probation Officer: _____			County: _____			
<input type="checkbox"/> DJJ/DFACS Transportation Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No			Name of Provider: _____			Telephone Number: _____			
<input type="checkbox"/> Compensation for Damages: <input type="checkbox"/> Yes <input type="checkbox"/> No			Amt. of Payment: \$ _____			Payment Due Date: _____			
<input type="checkbox"/> Other Action (Explain): _____									
REFERRAL SIGNATURE (OPTIONAL): _____ DATE: _____									



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ERVIN ACADEMY ADMINISTRATOR SIGNATURE: _____ **DATE:** _____

PARENT SIGNATURE: _____ **DATE:** _____

DJJ Employee: _____ **DATE:** _____

DFAC Employee: _____ **DATE:** _____