

BSA Placement Committee Referral Form

Student _____ Referring school _____
Grade _____ Age _____ Sex _____ Race _____ DOB _____

Parent or Guardian Information

Name _____ Relationship to student _____

Address _____

Phone numbers: Home _____ Work _____ Cell _____

Is this parent in agreement with placement at Bragg Street Academy? _____

REQUIRED: Attach copy of parent invitation letter to the Placement Committee meeting including date, time, and place of meeting.

Areas of Concern

Please indicate the level of concern: 0= None; 1= Mild; 2= Moderate; 3= Serious

_____ Academic concerns	_____ Inattentiveness
_____ Breaking of rules	_____ Lack of motivation
_____ Obscene language	_____ Lack of concentration
_____ Decline in quality of work	_____ Defiance of authority
_____ Depression, sadness	_____ Sleeping in class
_____ Disruptive behavior in class	_____ Tardiness to class
_____ Frequent need for discipline	_____ Verbally abusive
_____ Withdrawal, a loner, separateness	
_____ Other concerns (Please describe below.)	

Previous Interventions (Please check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> 504 plan(504 team decision required) | <input type="checkbox"/> Parent conference(s) |
| <input type="checkbox"/> Anger management | <input type="checkbox"/> Parent phone calls |
| <input type="checkbox"/> Behavior contracts (Attach copy) | <input type="checkbox"/> Peer mediation |
| <input type="checkbox"/> Behavior management system | <input type="checkbox"/> Probation Officer |
| <input type="checkbox"/> Behavior referred to admin. | <input type="checkbox"/> Psychologist referral |
| <input type="checkbox"/> Student Support Team (SST) | <input type="checkbox"/> Social worker referral |
| <input type="checkbox"/> Personal Plan for Success (PPS) | <input type="checkbox"/> Student Support Team (SST) |
| <input type="checkbox"/> Functional Behavior Plan | <input type="checkbox"/> Special education (Currently identified students require IEP team decision for BSA placement) |
| <input type="checkbox"/> Counselor referral | <input type="checkbox"/> Student conference(s) |
| <input type="checkbox"/> In-school suspension | <input type="checkbox"/> Teacher/ team conference |
| <input type="checkbox"/> Long-Term Suspension(s)
_____ (grade) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Medical evaluation | |
| <input type="checkbox"/> Community Support Services | |
| <input type="checkbox"/> Outside agency contacts | |
| <input type="checkbox"/> Out-of-school suspension | |

Narrative of primary area(s) of concern

Please summarize in the space provided, the primary reason(s) for placement at BSA.

Required Attachments: Referral will not be accepted without the following:

Please be certain to include the following attachments with each referral:

- Attendance summary for the current school year & others as deemed necessary
- Discipline record for the current school year & others as deemed necessary
- Transcript/ report card/ academic reports
- Personal Plan for Success (PPS)
- SST documentation including meeting dates and progress monitoring data
- Longitudinal data from previous schools attended, appropriate
- Invitation letter for parents to placement committee meeting.

By signing below, I verify that the information provided is both accurate and complete.

Principal's signature _____ **Date** _____

*When possible the staff member who presents the information should be the SST chairperson or someone who has extensive knowledge of the student.