



CHESAPEAKE CENTER FOR STUDENT SUCCESS – REFERRAL

605 Providence Road
Chesapeake, VA 23325
Phone: (757) 578-7046
Fax: (757) 578-7068

Date: _____

Student's Name: _____ Grade: _____

Date of Birth: _____ Age: _____ Home phone: _____

Student's Address: _____

School Making Referral & Referral Date: _____

Person Making Referral & Position: _____

Reason For Referral: _____

Mother/Guardian's Name: _____

Work Place & Phone: _____

Father/Guardian's Name: _____

Work Place & Phone: _____

Is this student a foster child? _____ Yes _____ No

Does this student have a social worker? _____ Yes _____ No

Name of Social Worker: _____ Phone Number: _____

Has this student been referred for truancy? _____ Yes _____ No

If yes, what is the present status? _____

Has student gone through ID? _____ Yes _____ No

Has the student been to court? _____ Yes _____ No

Has this student been through the ESTAT process? _____ Yes _____ No

What interventions were implemented? Brief Summary: _____

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Does this student have a probation officer? _____ Yes _____ No

Name of Probation Officer: _____ Phone: _____

Does this student receive lunch assistance? _____ Reduced _____ Free _____ No

Is this student presently going through the CSC process? _____ Yes _____ No

Does this student currently receive Special Education Services? _____ Yes _____ No

Does the Special Ed. Student have a Functional Assessment and Behavior Intervention Plan?

_____ Yes _____ No

When was it last reviewed? _____

Has this student received Special Education Services in the past? _____ Yes _____ No

If yes, please describe: _____

Please fax a copy of the following information with this referral to (757) 578-7068:

_____ Schedule

_____ SAP Report (Report Hub)

_____ IEP (If Applicable)

_____ Student Discipline History (Report Hub)

_____ Immunization Record

_____ Pertinent Medical Information

Principal's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____