



Please contact Sue Stretton, Community Conferencing Specialist at 974-1962 prior to completing this referral.

SCHOOL REFERRAL FORM

Date of Incident: _____ Date of Referral: _____

Referring School: _____

Contact Person: _____

Phone: _____ Fax: _____ Email: _____

Section A: OFFENDER INFORMATION

Student's Name: _____ DOB: _____

Address: _____ Home Ph: _____

Postal Code: _____ Grade: _____ Special Class: _____

Parent/Guardian Information:

Have parents been contacted about this referral? ___ No ___ Yes Date: _____

(Please include completed Parent Authorization for release of this information)

Student lives with...

(circle one) both parents mom only dad only other: _____

Father's Name _____ Day Phone _____

Mother's Name _____ Day. Phone _____

Guardian's Name _____ Day Phone _____

Agency/Professionals Involved with family

If there is more than one offender, please complete and attach additional referral forms.

Section B: VICTIM INFORMATION

Student's Name: _____ DOB : _____

Address: _____ Home Ph: _____

Postal Code: _____ Grade: _____ Special Class: _____

Parent/Guardian Information:

Have parents been contacted about this referral? ___ No ___ Yes Date: _____

(Please complete a Parental Authorization release of information form and include with referral)

Student lives with...

(circle one) both parents mom only dad only other: _____

Father's Name _____ Day Phone _____

Mother's Name _____ Day. Phone _____

Guardian's Name _____ Day Phone _____

Agency/Professionals Involved with family _____

If there is more than one victim, please complete and attach additional referral form.

Section C: INCIDENT INFORMATION

Briefly describe the nature of the incident (i.e. assault, harassment, vandalism) and any intervention that the school has taken to resolve this issue.

Have the police been contacted about this incident? ___ Yes ___ No

If so, please provide the following information where available:

Officer's Name: _____

Case Number: _____

Please fax to: Sue Stretton, 974-4001