



Please contact Darrel Heidebrecht, Conferencing Facilitator at 974-1959 if you have any questions.

SCHOOL REFERRAL FORM

Date of Incident: _____ Date of Referral: _____

Referring School: _____

Contact Person: _____

Phone: _____

Fax: _____ Email: _____

Section A: STUDENT INFORMATION

Student's Name: _____

DOB: _____

Address: _____ Home Ph. _____

Postal Code: _____ Grade: _____ Special Class: _____

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

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

Father (or Guardian) Name _____ Day Ph. _____

Mother (Guardian) Name _____ Day Ph. _____

Agency/Professionals involved with family _____

Section B: STUDENT INFORMATION

Student's Name: _____

DOB: _____

Address: _____ Home Ph. _____

Postal Code: _____ Grade: _____ Special
Class: _____

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

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

Father (or Guardian) Name _____ Day Ph.

Mother (Guardian) Name _____ Day
Ph. _____

Agency/Professionals involved with
family _____

If there are more students involved in this referral, please complete and attach additional forms as
needed.

Section C: INCIDENT INFORMATION

Briefly describe the nature of the incident and any intervention that the school
has taken.

Please fax this form to: Darrel Heidebrecht, 974-4001