



D.E.S.C.C.
(Delayed Expulsion School Counseling Center)

STUDENT REFERRAL

Student: _____ PPS ID#: _____ Date of Referral: _____
 School: _____ Grade: _____ Birth Date: _____ Gender: _____ Ethnicity: _____
 Parent/Guardian Name: _____
 Address: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Other: _____

REFERRAL SOURCE INFORMATION

Name of School Contact: _____ Position: _____
 School: _____ Phone: _____ ext. _____

If student is eligible for special education services, how will IEP goals be met while in DESCC? _____

Are student and/or parent limited English speaking? Yes No Language/s _____

Is an interpreter needed for intake? Yes No

Is the school willing to support the return of student with wrap-around services? Yes No

Have parents/guardians been contacted regarding referral to DESCC? Yes No

PROBLEMATIC ACTIONS AND BEHAVIORS

Describe the problematic action/s and behavior/s that led to this referral:

Please check all that apply:

- | | |
|----------------------------|------------------------------------|
| History of non-attendance | Cultural barrier (lifestyle) |
| History of suspension | Language barrier |
| Home or family problems | Low self-esteem |
| Domestic violence | Anti-social behavior |
| Juvenile Court involvement | Difficulty with peers |
| Gang affiliation | History of A&D abuse or possession |

What interventions or services, if any, have been attempted to help student resolve problems? (e.g., counseling, drug/alcohol assessment, community resources, etc.)

Strengths (behavioral, academic, social)

Concerns (behavioral, academic, social)

Additional comments:

Are there any natural support systems available? (e.g., positive adults, a job, counselors)

What services do you want DESCSC to provide?

**Please FAX this referral and the following records to:
DESCSC—503-916-2749**

REQUIRED STUDENT RECORDS PRIOR TO INTAKE: (check all that apply)

All Students..... plus, if applicable:

- Grade Report/Transcript
- Attendance Records
- Expulsion Hearing Notice
- Expulsion Letter (Findings)
- Photocopy of Weapon

- Copy of Current I.E.P.
- Copy of Manifestation Determination

Thank you for the information. We may be calling you to obtain further information for our program and updating you on the progress of this student.