

# Valley School

## Referral Form 2018-2019

2508 Blichmann Avenue, Grand Junction, CO 81505 ~ 970.254.5501

Sara Krick – Principal

Lori Starr - Counselor

Cheryl Watters – Principal's Secretary

Date: \_\_\_\_\_ Home School: \_\_\_\_\_ Referred By: \_\_\_\_\_

**\*\*Would the counselor like to be invited to the Student Interview held at Valley School? Yes \_\_\_ No \_\_\_**

**1. Student Information**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Student ID \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian (print) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**2. Rationale for referral of this student:**

**3. Interventions tried/outcomes:**

**4. Hurdles to overcome:**

**Attach, if applicable**

Transcript \_\_\_\_\_

Discipline \_\_\_\_\_

Attendance Records \_\_\_\_\_

504 Plan \_\_\_\_\_

IEP/Case Manager \_\_\_\_\_

Healthcare Plan \_\_\_\_\_

Behavior Plan \_\_\_\_\_

Remedial Discipline Plan \_\_\_\_\_

**Valley Course Recommendation**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Recommended Second Placement:**

\_\_\_\_\_

**Suggested Goals, if not attending interview**

Academic \_\_\_\_\_

Attendance \_\_\_\_\_

Behavior \_\_\_\_\_

**Fees: Valley School Program Fee \$25 per semester Science Fee: \$15**

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Administrator Signature Date

\_\_\_\_\_  
Counselor Signature Date