

Valley School

Referral Form 2018-2019

2508 Blichmann Avenue, Grand Junction, CO 81505 ~ 970.255.2708

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