

Expanded Learning Student Referral Form

Thank you for referring your students to the after school program. Please help us learn a little about the student by filling in the following information.

Student Name: _____

Student Grade: _____

Teacher Name: _____

School: _____

Reason for Referral:

Grades

Behavior

Other (please explain)

This student needs the most help in:

Math

Language Arts

Science

Other (please explain)

Any other information you think would help us to better assist the student?

Thank you very much for taking the time to assist this student.

When student enrolls in the program, after school personnel should complete the following:

SAT 9 scores: _____ verbal _____ math

Current Services: GATE ___ RSP ___ ELD ___ ESL ___ Counseling ___ Nursing ___ SST/SAP ___

Other _____