RAWHIDE YOUTH SERVICES

ALTERNATIVE EDUCATION REFERRAL FORM

THANK YOU FOR YOUR INTEREST IN REFERRING YOUR STUDENT TO RAWHIDE!

Please complete this form, attach any necessary paperwork, and send to **alted@rawhide.org**. To complete the process, our Enrollment Specialist will reach out to gather more information about the referred student.

This form is intended to be completed by school districts.

REFERRING SCHOOL

Name of referrer: _____

Referrer email: _____ Phone: _____

Name(s) of special ed teacher: _____

Special ed teacher email: _____ Phone: _____

School district and school: _____

STUDENT/YOUTH

Full legal name: _____ Date of birth: _____

Grade: _____ Age: _____ Address: _____

Ethnicity: ☐ Hispanic ☐ Non-Hispanic Race: _____

Gender: ☐ Male ☐ Female

ADDITIONAL INFORMATION

Does the student have county services such as CCS, CLTS, etc? If known, please list below and include their social worker's contact information.

_____

_____

Does the student's IEP include ESY (extended school year)? ☐ Yes ☐ No

Anticipated start date: _____

Please include the student's IEP and other related documentation (latest progress report, FBA/BIP, etc.) Not including information could delay the completion of the evaluation process.