

**CITY OF ANGELS INDEPENDENT STUDY SCHOOL
REFERRAL FORM**

IMPORTANT NOTE REGARDING STUDENTS WITH DISABILITIES RECEIVING SPECIAL EDUCATION SERVICES
Students referred to the City of Angeles Independent Study School must be enrolled in an instructional program focusing on the development of proficiency of grade level standards. Contact the City of Angeles Study School at (213) 745-1100 for staff assistance in determining that overall student skill level aligns to the support available through this school.

ATTENDING SCHOOL STAFF: Please complete *Student Information* and *Student Data* sections below, and fax the completed form to: **(213) 742-9604**.

Student Information (INFORMATION MUST BE COMPLETE, TYPED OR PRINTED LEGIBLY FOR FORM TO BE PROCESSED)

Name	<input type="checkbox"/> M <input type="checkbox"/> F	DOB	GR	Language of Instruction
Address	City	Zip		
Parent	Home Language	Phone		
Email	Current School of Attendance	Local District		
School of Residence	Local District	Does student have a Section 504 Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does student have a current IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Eligibility	Special Ed. Program/Services	<input type="checkbox"/> SDC <input type="checkbox"/> RSP <input type="checkbox"/> INCLU <input type="checkbox"/> DIS
Name of Person Making Referral	Title			
Contact Phone	Email	Date		

Reason for Referral:

Student Data

California Standards Test (CST)		California High School Exit Exam (CAHSEE)	
Date		Date	
Scores		Scores	

English Language Development							
ELD Level		ESL Level		CELDT Scores	Listening:	Speaking:	Reading: Writing:

◆ TO BE COMPLETED BY CITY OF ANGELS SCHOOL STAFF ◆

<input type="checkbox"/>	Student <u>does</u> possess the skills to be effectively educated in the City of Angeles School and should be evaluated.
<input type="checkbox"/>	Student <u>does not</u> currently possess or demonstrate the skills to be effectively educated in the City of Angeles School.

COMMENTS / EXPLANATION:

Administrator Signature	Date
Administrator Name Printed	