

REFERRAL FORM

Please drop off this slip in Mr. Schenk's mailbox
Office Hours: Wed & Fri 10AM to 3PM

Teacher's Name: _____ Subject I instruct: _____

Student's Name: _____ Grade: _____

Period you have the above student: _____

What information does the student need? Please check next to the applicable topics.

<input type="checkbox"/>	College Preparation workshop information	<input type="checkbox"/>	College Selection and post-secondary opportunities
<input type="checkbox"/>	Career Assessment and exploration	<input type="checkbox"/>	Scholarships/financial aid
<input type="checkbox"/>	Raise.me platform	<input type="checkbox"/>	Student requires parent engagement/support in Spanish
<input type="checkbox"/>	ACT/SAT waivers and/or supplemental help	<input type="checkbox"/>	Other services

Reason for referral (please fill this out): _____

This appointment is:
_____ urgent
_____ is very important
_____ can wait



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