

- Title I
- IEP
- 504

Office of Larry E. Reider
Kern County Superintendent of Schools

Counselor Referral

Date: _____

Student's Name: _____
Last First Middle

ID Number: _____ Grade: _____ Referred By: _____

Check one of the following:

Auburn	CLC 34 th	CLC Tech	Sandstone East	Sandstone West
Delano	Mojave	Taft	Ridgecrest	Lake Isabella

Check one of the following:

Classroom Independent Studies: M T W TR F Time: _____

Probation Officer: _____

Other Agency Involvement (Foster Care, Group Home, etc.): _____

Referral Type:

- Recognition for improvement or outstanding accomplishment
- Student is transitioning back to home school
- Academic Issues (Grad. Requirements, transcript(s) overview, attendance, etc.)
- Personal/Social Issues (Attitude, behavior, personal home/health, peer relations)
- Career/College Information (Career/College exploration, financial aid, applications)
- Other: _____

Please provide specific information:

Counselor's Notes:

Completed _____
Counselor's Signature Date