NYC Department of Education — Referral Center Student Info Form
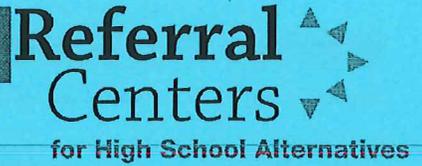
Referral Centers for High School Alternatives

Please take a few minutes and complete this form.
Completing it fully will help us best meet your needs.

Today's Date: ___ / ___ / ___

Are you now, or have you ever been, in the NYC Public School System? ☐ Yes ☐ No

If yes, what's your ID/OSIS number: **2** ☐☐ ☐☐☐ ☐☐☐

Name: _____ , _____   DOB: ___ / ___ / ___
   Last Name   *First Name*   *Month* *Day* *Year*

Age: _____   Have you ever been here before? ☐ Yes ☐ No   What is your sex? ☐ Female ☐ Male

Personal Phone Number : (_____) _____ - _____

Who should we call if we can't reach you (select one):

☐ Parent/Guardian
☐ Friend
☐ Boy/Girlfriend/Spouse

Name: _____
(_____) _____ - _____

Address: _____
   Building Number   *Street*   *Apartment*

_____
   City   *State*   *Zip*

Check if either apply:

☐ This housing is temporary
or
☐ I do not have housing

Email Address: _____

Parenting students are entitled to additional services. Are you a parent or currently expecting a child? (Optional Question)   Yes ☐   No ☐

What is your reason for visiting the Referral Center today?

☐ 001 Interested in high school equivalency program (HSE/GED)
☐ 002 Interested in getting high school diploma (Traditional HS/Transfer HS/YABC)
☐ 003 Interested in HSE/GED *or* high school diploma
☐ Other (specify) _____

☐ 004 Want information on non-academic supports
☐ 005 Want to learn English (ESL)
☐ 006 Want advocacy services

How did you find out about this Referral Center?

☐ Community organization, e.g. a place of worship (CBO)
☐ Family member (FAM)
☐ Peer/friend (FRI)
☐ Office of Student Enrollment (OSE)
☐ Website or Social Media (SLF)

☐ School Administrator (SAD)
☐ School guidance counselor (SGC)
☐ Teacher (THR)
☐ 311
☐ Mailing, Text or Poster (MLG)

☐ Other (specify below) (OTR)
_____

Student Visit Comments:
_____

ATS Flags *(if student previously enrolled in NYC DOE):*

_____ BILINGUAL	*If LEP = Y/S/Z write PL/DCN for either:*	_____ IMMUN *If not E or C, provide list of required immunizations and list of free clinics*	☐ 86. Gave Overview Appointment Date	☐ 87. Gave Test Appointment on: ____ / ____ / ____
_____ ESL	**LAT ENG TOTAL**		
_____ LEP	_____		
_____ SPEC ED None ☐	**LAB ENG TOTAL**		☐ 88. Placed on Wait List	☐ 89. Finished Testing – Will return for placement on: ____ / ____ / ____
_____ IEP SPEC ED *If YES, mention CDOS*	_____		

Referral Decision *(Select one):*

☐ 71. Linden Learning Center Referral Center

☐ 72. Tenzer Referral Center

☐ 73. Downtown Brooklyn RC – Schermerhorn

☐ 74. Staten Island Referral Center

☐ 75. Bronx Referral Center

☐ 76. Brooklyn Referral Center – Marcy Hub

☐ 77. Manhattan Referral Center

☐ 78. Queens Referral Center

☐ 79. Non-DOE HSE/GED

☐ 80. Information Given Only – No Referral Made

☐ 81. Back to Home School

☐ 82. Adult Education

☐ 83. OSE (Office of Student Enrollment)

☐ 85. Non-Academic Support Services

☐ 86. Gave Overview Appointment Date

☐ 87. Gave Test Appointment Date

☐ 88. Placed on Waitlist

☐ 89. Finished Testing – Will Return for Placement

☐ 90. Pathways to Graduation *(Fill in Below)*

☐ 91. Pathways to Graduation Summer School *(Fill in Below)*

☐ 92. Site Transfer *(Fill in Below)*

☐ 93. New Diploma Granting School – YABC / Trans. / Int *(Fill in Below)*

☐ 95. DOE School with Drug Treatment Support

Referral Decision Detail: *For Referral Decisions 90-93*

Test Type *(please circle)*	Section	Book or CLAS E level	SS or CLAS E	GE	Co-op Tech or CDOS?
Adaptive - CLAS E - 9/10 - Span	Math / Read	E 1 / M 2 / D 3 / A 4	_____	_____	Yes / No
Test Type *(please circle)*	**Section**	**Book**	**SS or CLAS E**	**GE**	**LAB-R/NYSITELL Score**
Adaptive - CLAS E - 9/10 - Span	Math / Read	E 1 / M 2 / D 3 / A 4	_____	_____	

Referral Code *(90-93):* _____ *if code 93 please circle:* YABC/Trans/Int.   Referred by: _____
(GC/SW first initial & last name)

School/Site Name: _____ DBN: _____ Appt. Date: ____ / ____ / ____

Referral Code *(90-93):* _____ *if code 93 please circle:* YABC/Trans/Int.   Referred by: _____
(GC/SW first initial & last name)

School/Site Name: _____ DBN: _____ Appt. Date: ____ / ____ / ____

Referral Code *(90-93):* _____ *if code 93 please circle:* YABC/Trans/Int.   Referred by: _____
(GC/SW first initial & last name)

School/Site Name: _____ DBN: _____ Appt. Date: ____ / ____ / ____