

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

Dat jodi a : \_\_\_ / \_\_\_ / \_\_\_

Èske ou oswa èske ou te janm nan Sistèm lekòl leta Vil Nouyòk ?  Wi  Non

Si w reponn wi, ki nimewo ID/OSIS ou :

Non: \_\_\_\_\_, Dat nesans: \_\_\_ / \_\_\_ / \_\_\_  
Siyati Non Mwa Jou Ane

Laj: \_\_\_\_\_ Eske ou te janm vini isit la deja ?  Wi  Non Ki sèks ou?  Fi  Gason

Nimewo telefòn pèsonèl ou : ( ) -

Kiyès pou nou telefone si nou pa ka rive kontakte w (chwazi yonn nan repons yo) :

Paran/Responsab: Non : \_\_\_\_\_  
 Zanmi  
 Mennaj/Madanm/Mari ( ) -

Adrès : \_\_\_\_\_  
Nimewo bilding lan Ri Apatman  
Vil Eta Kòd Postal

Icheke nenpòt ki valab:  
 Lojman sa a tanporè oswa  
 Mwen pa gen kote pou rete

Adrès imèl : \_\_\_\_\_

Elèv ki gen pitit gen dwa pou jwenn lòt sèvis. Eske w se yon paran oswa eske w ansent kounye a? (Kesyon ochwa)

Wi  Non

Pou ki rezon ou vin nan Sant Rekòmandasyon an jodia?

- 001 Ou entere nan Pwogram ekivalan lekòl segondè High School Equivalency Program (HSE/GED)
- 002 Ou entere pran yon diplòm lekòl segondè (Lekòl segondè regilye/Lekòl segondè Transfè HS/YABC)
- 003 Ou entere pran yon HSE/GED oswa diplòm lekòl segondè
- Lòt (spesifye)
- 004 Ou bezwen enfòmasyon sou sipò ki pa gen pou wè ak lekòl
- 005 Ou vle aprann anglè (ESL)
- 006 Ou vle sèvis antite k ap defann dwa elèv

Kiyès ki ranseye w sou Referral Center sa a?

- Community organization, paegzanp yon legliz (CBO)
- Manm nan Fanmiy mwen (FAM)
- Kamarad/zanmi (FRI)
- Office of Student Enrollment (OSE)
- Sit wèb oswa Medya sosyal (SLF)
- Administratè lekòl (SAD)
- Konseye pedagogik lekòl (SGC)
- Anseyan (THR)
- 311
- Kourye, Text oswa Poster (MLG)
- Lòt antite (spesifye pi ba a) (OTR)

Komantè elèv apre vizit:

Plas sa a rezève pou biwo a sèlman/For Office Use Only

Name of Counselor working w/Student :

Date entered into the database :

By :

(SY 2014-2015)

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

<input type="checkbox"/> BILINGUAL <input type="checkbox"/> ESL <input type="checkbox"/> LEP <input type="checkbox"/> SPEC ED <input type="checkbox"/> IEP SPEC ED If YES, mention CDOS	If LEP = Y/S/Z write PL/DCN for either: <b>LAT ENG TOTAL</b> _____ <b>LAB ENG TOTAL</b> _____	<input type="checkbox"/> IMMUN If not E or C, provide list of required immunizations and list of free clinics	<input type="checkbox"/> 86. Gave Overview Appointment Date _____/_____/_____  <input type="checkbox"/> 88. Placed on Wait List	<input type="checkbox"/> 87. Gave Test Appointment on: _____/_____/_____  <input type="checkbox"/> 89. Finished Testing – Will return for placement on: _____/_____/_____
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**Referral Decision (Select one) :**

- |  |   |
|--|---|
| <input type="checkbox"/> 71. Linden Learning Center Referral Center<br><input type="checkbox"/> 72. Tenzer Referral Center<br><input type="checkbox"/> 73. Downtown Brooklyn RC – Schermerhorn<br><input type="checkbox"/> 74. Staten Island Referral Center<br><input type="checkbox"/> 75. Bronx Referral Center<br><input type="checkbox"/> 76. Brooklyn Referral Center – Marcy Hub<br><input type="checkbox"/> 77. Manhattan Referral Center<br><input type="checkbox"/> 78. Queens Referral Center<br><input type="checkbox"/> 79. Non-DOE HSE/GED<br><input type="checkbox"/> 80. Information Given Only – No Referral Made<br><input type="checkbox"/> 81. Back to Home School<br><input type="checkbox"/> 82. Adult Education | <input type="checkbox"/> 83. OSE (Office of Student Enrollment)<br><input type="checkbox"/> 85. Non-Academic Support Services<br><input type="checkbox"/> 86. Gave Overview Appointment Date<br><input type="checkbox"/> 87. Gave Test Appointment Date<br><input type="checkbox"/> 88. Placed on Waitlist<br><input type="checkbox"/> 89. Finished Testing – Will return for Placement<br><input type="checkbox"/> 90. Pathways to Graduation (Fill in below)<br><input type="checkbox"/> 91. Pathways to Graduation Summer School (Fill-in below)<br><input type="checkbox"/> 92. Site Transfer (Fill in below)<br><input type="checkbox"/> 93. New Diploma Granting School – YABC / Trans. / Int<br>(Fill in below)<br><input type="checkbox"/> 95. DOE School with Drug Treatment Support |
|--|---|

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

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

<b>Referral Code (90-93):</b> _____ If code 93 please circle : YABC/Trans/Int.	<b>Referred by:</b> _____ (GC/SW first initial & last name)
<b>School/Site Name:</b> _____	<b>DBN :</b> _____ <b>Appt. Date:</b> ____/____/____
<b>Referral Code (90-93):</b> _____ if code 93 please circle: YABC/Trans/Int.	<b>Referred by:</b> _____ (GC/SW first initial & last name)
<b>School/Site Name:</b> _____	<b>DBN :</b> _____ <b>Appt. Date:</b> ____/____/____
<b>Referral Code (90-93):</b> _____ if code 93 please circle : YABC/Trans/Int.	<b>Referred by:</b> _____ (GC/SW first initial & last name)
<b>School/Site Name:</b> _____	<b>DBN :</b> _____ <b>Appt. Date:</b> ____/____/____