

PASS REFERRAL FORM FOR KDG-5th GRADE

The PASS (Positive Alternatives for Student Success) Program

USD 253-Emporia School District
Address: 315 S. Market
Emporia, Kansas 66801
Phone Number and Fax Number: (620-342-9383)

Name of Student _____ Date of Birth _____
Home School _____ Gender _____ Grade _____
Name of parent/guardian with whom student resides and relationship _____
Address _____
Home Phone _____ Cell Phone _____
Daytime Contact Number _____
Email address _____

School Administrator (or Designee) making referral _____
Position _____
Contact Number _____

Other agencies involved with family (DCF, Mental Health, Court Services, TFI, St. Francis, etc.)

Presenting concerns: _____

***Please include completed documentation form as well as any other documentation collected regarding this student. This includes dates and documentation from all parent meetings.**

What behavior does this child need to exhibit in order to be successful in an academic setting? (Identify 1-3 behaviors)

Parent Signature: _____

Verbal or Written Consent: _____

Date: _____