



**PATHWAYS 2 SUCCESS**  
**948 Ben Franklin Hwy.**  
**Ebensburg, PA 15931**  
**Phone: (814)472-6490 Ext. 355**

**Student Referral Form**

**Student Information**

Name \_\_\_\_\_ ID Number \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ Credits \_\_\_\_\_ Days Absent (current year) \_\_\_\_\_ GPA \_\_\_\_\_  
Referring School District \_\_\_\_\_  
School Contact Person \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

**Parent/Guardian Information**

Name \_\_\_\_\_ Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
E-mail Address \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_

Student Lives with: Mother | Father | Both

Other (Specify) \_\_\_\_\_

Free or Reduced Lunch: Yes | No Language spoken at home \_\_\_\_\_

**Involvement of Other Agencies / Professional Support**

Agency/Contact Person/Phone \_\_\_\_\_

Agency/Contact Person/Phone \_\_\_\_\_



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**Reason for Referral:**

**Suggested Areas to be Included in Personal Learning Path Goals**

1.)

  

2.)

  

3.)



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**Sending Schools Interventions:** *Please attach the following*

- School Meeting Notes: including parent conferences, EMT/CAP, IEP
- Consultation
- Evaluation
- Individualized Education Program (IEP)
- Section 504 Plan
- Outside agency reports/letters (e.g. medical/psychiatric)

**Behavior**

- Referrals for disciplinary action, including in-school suspension
- Current attendance
- Functional Behavioral Assessment (FBA)
- Behavior Intervention Plan (BIP), including any contracts

**Academic**

- Transcripts
- Report Cards / Test Data

**Health**

- Immunization record
- School Health Plan
- Identify Other Areas of Concern \_\_\_\_\_

**Signatures (Required)**

I have been informed that my child has been referred to Pathways 2 Success.

\_\_\_\_\_  
Signature, Parent or Guardian Date

\_\_\_\_\_  
Signature, Principal (Referring School) Date