

Welcome to Kindergarten!

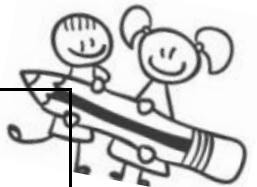


Transitional Kindergarten (TK) is only available to students who are born between September 2, 2014 & December 2, 2014.

Kindergarten is only available to students who will be 5 years old on or before September 1, 2019



There are no exceptions to these age requirements. TUSD strictly follows the age appropriate guidelines set by the state of California.



2019-2020 Kindergarten Enrollment Dates

| | |
|----------------------------|-----------------------------------|
| Monday 1/14 - Friday 1/18 | Victor |
| Tuesday 1/22 - Friday 1/25 | Anza/Towers |
| Monday 1/28 - Friday 2/1 | Riviera/Walteria |
| Monday 2/4 - Friday 2/8 | Arnold/Seaside |
| Tuesday 2/12 - Friday 2/15 | Lincoln/Arlington |
| Tuesday 2/19 - Friday 2/22 | Hickory |
| Monday 2/25 - Friday 3/1 | Fern/Wood |
| Monday 3/4 - Friday 3/8 | Adams/Torrance El |
| Monday 3/11 - Friday 3/15 | Yukon/Carr/Edison |
| Monday 3/18 - Friday 3/22 | TK (all schools) |
| Monday 3/25 - Friday 3/29 | TK (all schools) |
| Monday 4/1- Friday 4/5 | TK (all schools) |
| Monday 4/8 - Friday 4/12 | Makeup week (all schools, K & TK) |
| Monday 4/15 - Friday 4/19 | Makeup week (all schools, K & TK) |
| Monday 4/22 - Friday 4/26 | Makeup week (all schools, K & TK) |

Torrance Unified School District TK/K - Enrollment Requirements

Dear Parent/Guardian:

The following documents are required at the time of enrollment. If anything is missing we will not be able to proceed with your child's enrollment until you return with all required documents. Please be advised only the Parent (biological or adoptive) or Guardian (must have legal documentation of guardianship) will be allowed to enroll the student.

1) Proof of Age (original required)

- Birth Certificate or Passport

2) State Immunization Records (original required)

- Records must be up-to-date with child's name and date of birth.
- Each immunization must have a date and signature and/or stamp of the health care provider.

3) Proof of Residency – Parent/Guardian must be the primary account holder on utility bills

- 2 proofs required (dated within the past 60 days)
- Mailing & Service address must match
- If the parent/guardian is unable to provide any of the following, additional documentation will be required. Please contact the Enrollment Center for further information.

| | |
|---|--|
| <ul style="list-style-type: none">• Electric Bill• Gas Bill• Water Bill• Trash Bill• Cable/Satellite Bill | <ul style="list-style-type: none">• Internet Bill• Mortgage Statement• Property Tax Bill• Lease/Rental Agreement• Home Telephone Bill(landline only) |
|---|--|

Cell phone bills, bills with disconnect notices, screenshots/profiles, or bills showing c/o or % next to the parent's name are NOT accepted

WE DO NOT FAX OR PHONE PREVIOUS SCHOOLS, LANDLORDS, OR UTILITY COMPANIES REQUESTING DOCUMENTS. Parents/guardians are responsible for providing ALL required documentation.

4) Parent/Guardian Photo ID (original required)

5) Enrollment Form – completed and signed

6) Health History Form – completed and signed

7) Student Residency Questionnaire/Affidavit – completed and signed

~~~~~ If Applicable ~~~~~

**8) IEP – please bring this with you to Enrollment**

**9) 504 – please bring this with you to Enrollment**

**All documents must be translated into English in order to process enrollment.  
Please ask for assistance at the Enrollment Center.**

**HOURS OF SERVICE**  
**Enrollment Processing: Monday – Friday 8:00am – 3:00pm**  
• **Enrollment processing hours are subject to change**  
Questions and Forms: Monday – Friday 8:00am – 4:00pm Saturday/Sunday: CLOSED  
2336 Plaza Del Amo ~ Torrance, CA 90501 ~ (310) 972-6280 ~ www.fwec.tusd.org

# STUDENT ID:

## Torrance Unified School District ENROLLMENT FORM

\_\_\_\_ / \_\_\_\_

| OFFICE USE ONLY  |       |              |             |
|------------------|-------|--------------|-------------|
| SCHOOL:          | _____ | LANG: YES NO | FWEC: _____ |
| ENROLLMENT DATE: | _____ |              |             |

Welcome to the Torrance Unified School District. It is our desire to help your student in every possible way. We appreciate you giving us the following information completely and honestly, which will enable us to better assist your student.

### PLEASE PRINT:

STUDENT'S LEGAL NAME: \_\_\_\_\_  
LAST FIRST MIDDLE (OTHER NAME USED) SEX (M/F) GRADE

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
MONTH DAY YEAR CITY STATE OR COUNTRY

RESIDENCE ADDRESS: \_\_\_\_\_ APT# \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
NO P.O. BOX ADDRESS

PREVIOUS ADDRESS: \_\_\_\_\_ APT# \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Is this child in foster care, group home or has an open court case? (There may be services available for the student.)  YES  NO

| PARENT/GUARDIAN - #1                                                                                                                                                                                                                                          |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> STEP-FATHER <input type="checkbox"/> STEP-MOTHER <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> OTHER _____ |                     |
| <input type="checkbox"/> MR <input type="checkbox"/> MRS / MS FIRST NAME _____ LAST NAME _____ <input type="checkbox"/> LIVES WITH STUDENT                                                                                                                    |                     |
| RESIDENCE ADDRESS _____ (If different from Student)                                                                                                                                                                                                           | EMAIL ADDRESS _____ |
| PHONE# _____ HOME _____ WORK _____ CELL _____                                                                                                                                                                                                                 |                     |
| PARENT/GUARDIAN - #2                                                                                                                                                                                                                                          |                     |
| <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> STEP-FATHER <input type="checkbox"/> STEP-MOTHER <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> OTHER _____ |                     |
| <input type="checkbox"/> MR <input type="checkbox"/> MRS / MS FIRST NAME _____ LAST NAME _____ <input type="checkbox"/> LIVES WITH STUDENT                                                                                                                    |                     |
| RESIDENCE ADDRESS _____ (If different from Student)                                                                                                                                                                                                           | EMAIL ADDRESS _____ |
| PHONE# _____ HOME _____ WORK _____ CELL _____                                                                                                                                                                                                                 |                     |

### WHAT IS YOUR CHILD'S ETHNICITY? (Please check ONE box)

- Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican South or Central American, or other Spanish culture or origin, regardless of race)  Not Hispanic or Latino

### WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

- |                                                                                                                                                                                   |                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> African American or Black (having origins in the black racial groups of Africa)                                                                          | <input type="checkbox"/> Japanese                                                                                                                                   |
| <input type="checkbox"/> American Indian or Alaskan Native (having origins in any of the original people of North, Central, or South America and maintaining tribal affiliations) | <input type="checkbox"/> Korean                                                                                                                                     |
| <input type="checkbox"/> Asian Indian                                                                                                                                             | <input type="checkbox"/> Laotian (including people of Hmong origin)                                                                                                 |
| <input type="checkbox"/> Cambodian                                                                                                                                                | <input type="checkbox"/> Samoan                                                                                                                                     |
| <input type="checkbox"/> Chinese (including people of Chinese or Taiwanese origins)                                                                                               | <input type="checkbox"/> Tahitian                                                                                                                                   |
| <input type="checkbox"/> Filipino                                                                                                                                                 | <input type="checkbox"/> Vietnamese                                                                                                                                 |
| <input type="checkbox"/> Guamanian                                                                                                                                                | <input type="checkbox"/> White, not of Hispanic Origin (European, Middle Eastern, North African origins)                                                            |
| <input type="checkbox"/> Hawaiian Native                                                                                                                                          | <input type="checkbox"/> Other Asian (having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent if not listed above) |
| <input type="checkbox"/> Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)          | <input type="checkbox"/> Other Pacific Islander                                                                                                                     |

### PARENT EDUCATION LEVEL (Per Education Code sections 52052, 60630)

Please check the level that indicates the educational attainment of the student's most educated parent or guardian with whom the student resides (check one):

- Not a high school graduate  
 High school graduate (high school diploma by graduation or testing, or have completed or have received a comparable high school degree in another country)  
 Some college (completion of any courses within a two or four year academic program, including AA degree)  
 College graduate (B.A./B.S. or equivalent degree from foreign university)  
 Post-graduate training/Graduate School (attended graduate school with or without attaining a graduate degree)  
 Declined to state or unknown

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

**Please complete the following survey:**

**HOME LANGUAGE SURVEY** The California Education Code contains legal requirements which direct schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services.

1. Which language did your son/daughter learn when he/she first began to talk? \_\_\_\_\_

2. What language does your son /daughter most frequently use at home? \_\_\_\_\_

3. What language do you use most frequently to speak to your son/daughter? \_\_\_\_\_

4. Name the language most often spoken by the adults at home: \_\_\_\_\_

**EMERGENCY IMMIGRANT EDUCATION PROGRAM (EIEP) ELIGIBILITY**

If born outside the U.S., give date first entered ANY U.S. school, K-12: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_, this includes all 50 states, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the Northern Mariana Islands, or the Trust Territory of the Pacific Islands. As part of the criteria for emergency immigrant, the child must not have been attending schools in any one or more states for more than three full academic years. Therefore, if a child was born in China, moved to Guam and was educated there for three years and then entered a Torrance school, he would not qualify for emergency immigrant funds.

PARENT CURRENTLY IN THE MILITARY?  YES  NO  
 (ACTIVE DUTY in the Air Force/Army/Coast Guard/Marine Corps/Navy or FULL-TIME National Guard Duty )

**PLEASE GIVE THE FOLLOWING INFORMATION ABOUT "ALL" ADULTS LIVING IN THE HOME (INCLUDING PARENTS):**

| NAME | RELATIONSHIP TO STUDENT | WORK PHONE | NAME OF EMPLOYER | OCCUPATION |
|------|-------------------------|------------|------------------|------------|
|      |                         |            |                  |            |
|      |                         |            |                  |            |
|      |                         |            |                  |            |

Has student ever been enrolled in Torrance schools before?  YES  NO If yes, which Torrance school? \_\_\_\_\_  
 Date first attended \_\_\_\_\_ Date last attended \_\_\_\_\_

**LIST ALL PREVIOUS K-12 SCHOOLS ATTENDED (MOST RECENT FIRST - USE ANOTHER PAPER IF NEEDED):**

| GRADES | SCHOOL | CITY | STATE | PUBLIC SCHOOL? | FROM (Month / Year) | TO (Month / Year) |
|--------|--------|------|-------|----------------|---------------------|-------------------|
|        |        |      |       | YES NO         | ____ / ____         | ____ / ____       |
|        |        |      |       | YES NO         | ____ / ____         | ____ / ____       |
|        |        |      |       | YES NO         | ____ / ____         | ____ / ____       |
|        |        |      |       | YES NO         | ____ / ____         | ____ / ____       |

**OFFICE USE ONLY**

Kinder \_\_\_\_\_ TK \_\_\_\_\_ Public school: YES NO State: \_\_\_\_\_ START Date: \_\_\_\_ / \_\_\_\_

**Does student have any of the following:**

- Individual Education Plan (IEP)  YES  NO
  - » Is your student in the process of being assessed for Special Education eligibility?  YES  NO
  - » Has your student been determined to be eligible for Special Education?  YES  NO
- 504 Plan  YES  NO
- Gifted and Talented Education  YES  NO

| NAMES OF ALL CHILDREN LIVING IN THE HOME | SEX | RELATIONSHIP | DATE OF BIRTH | SCHOOL ATTENDING |
|------------------------------------------|-----|--------------|---------------|------------------|
|                                          |     |              |               |                  |
|                                          |     |              |               |                  |
|                                          |     |              |               |                  |

I hereby certify under penalty of perjury that the foregoing is true and correct and I understand the above information may be verified at any time by the Torrance Unified School District.

**PLEASE PRINT**

TORRANCE UNIFIED SCHOOL DISTRICT

HEALTH HISTORY INFORMATION

School Year 2019-20

New Enrollee

Returning Student

Student \_\_\_\_\_, \_\_\_\_\_ Male Female \_\_\_\_\_  
LEGAL LAST NAME LEGAL FIRST NAME DATE OF BIRTH GRADE

Current Address \_\_\_\_\_

Place of Birth (City / State) \_\_\_\_\_ Country \_\_\_\_\_

Last school attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Please check the appropriate box and provide an explanation if your child currently has or has had in the past any of the following conditions:**

- Allergy needing an epinephrine auto-injector Trigger(s) \_\_\_\_\_  
(Epi-Pen / Auvi-Q / Other Brand) Symptoms \_\_\_\_\_
- Allergy Trigger(s) \_\_\_\_\_
- Asthma Trigger(s) \_\_\_\_\_
- ADD or  ADHD
- Autism or  Developmental Delay Specify \_\_\_\_\_
- Blood Disorder / Anemia / Hemophilia Specify \_\_\_\_\_
- Cancer / Leukemia Specify \_\_\_\_\_
- Cerebral Palsy
- Concussion (physician diagnosed) Specify \_\_\_\_\_ Date of concussion: \_\_\_\_\_
- Confidential Health Problem Specify \_\_\_\_\_
- Cystic Fibrosis
- Deaf / Hearing Loss or Impairment Specify \_\_\_\_\_
- Diabetes, Type 1 - Insulin Dependent Diagnosed at age \_\_\_\_\_ Uses  Pump  Syringe  Insulin Pen
- Diabetes, Type 2 Diagnosed at age \_\_\_\_\_  Diet Controlled  Requires Medication
- Eating Disorder (physician diagnosed) Specify \_\_\_\_\_
- Epilepsy / Seizure Disorder Describe seizure & Aura \_\_\_\_\_  
Seizure trigger(s) \_\_\_\_\_ Date of last seizure \_\_\_\_\_
- Gastrointestinal Problems  G-tube Specify \_\_\_\_\_
- Heart Problem followed by specialist Specify \_\_\_\_\_
- Immune System Disorder Specify \_\_\_\_\_
- Kidney / Bladder / Urinary Disorder Specify \_\_\_\_\_
- Mental Health Problems Specify \_\_\_\_\_
- Neurological Problems / Migraines / VP Shunt Specify \_\_\_\_\_
- Severe Nose Bleeds
- Orthopedic Problems / Assistive Devices Specify \_\_\_\_\_
- Respiratory Problem Specify \_\_\_\_\_
- Scoliosis Please provide written statement from child's doctor
- Skin Condition Specify \_\_\_\_\_
- Vision problem (wears glasses / contacts) Specify condition \_\_\_\_\_  Visually Impaired / Blind
- Other (also list any injuries, accidents, physical activity limitations or operations that impact your student's functioning at school): \_\_\_\_\_

Please list all medication taken at home:

| Medication | Dosage | Frequency | Reason for taking medication |
|------------|--------|-----------|------------------------------|
|            |        |           |                              |
|            |        |           |                              |
|            |        |           |                              |

Medication to be taken at school:

NOTE: A TUSD Medication form is required for each medication. Family must provide the medication(s).

| Medication | Dosage | Frequency | Reason for taking medication |
|------------|--------|-----------|------------------------------|
|            |        |           |                              |
|            |        |           |                              |
|            |        |           |                              |

All medication, including over-the-counter medications taken at school requires a physician's order and must be accompanied by a TUSD medication form. Forms are available in the school's health office.

### Policies Regarding Medication at School

According to the California State Education Code 49432, definite procedures must be followed with regard to taking medications at school. During the regular school day, any pupil who is required to take medication prescribed by a physician must provide:

- 1 A written statement from the physician stating the method, amount and time in which medication is to be taken and relevant side effects.
- 2 A written statement from the parent or guardian of the pupil granting their permission that the physician's orders are carried out, and
- 3 The medication in the original pharmacy container; labeled by a California pharmacist giving the student name, doctor name, drug, dosage, route of administration and schedule.

All medication is to be kept in the health office, unless otherwise arranged with the District Nurse. A parent or guardian can bring a prescribed medication to the school office and give it to their student directly. A District Nurse or Health Assistant is not present at the school site at all times or on all days when the school is in session. Therefore, because non-medically trained District personnel may be providing emergency assistance, parents must assure that physicians provide complete, precise, legible directions and instructions. The District is not responsible for notifying parents before or after prescribed medication is depleted or the expiration occurs. Expired medications will not be administered. The completed medication form(s) expire at the end of the school year and will need to be renewed annually.

### Disaster / Emergency Information

In the event of a natural or community disaster/emergency, students and staff may be required to remain on campus for several hours or several days. If your student requires medication/treatment, which, if he/she were unable to receive, may result in a life-threatening condition, it would be prudent to have the medication/equipment, medication forms and training in place. If you and your physician determine that it is necessary to have a three-day supply of medication/equipment stored at school, please contact the school Health Office.

Does your child have health insurance?  Medi-Cal / Covered CA  Private Company  Not currently insured

**If there is a new diagnosis/health condition or medication changes, it is important that you contact the Health Assistant or District Nurse to update the health information in your student's health record.**

I have read and completed the Health History Information form. I understand that health information is confidential and is shared with staff on a need only basis. I will notify the health office at my school site of any changes in my child's health condition or change of medication. I give permission to have my child screened (vision, color vision, hearing, blood pressure, scoliosis, acanthosis nigricans, dental and height and/or weight) as necessary throughout the school year.

\_\_\_\_\_  
Signature of Parent / Legal Guardian

( ) \_\_\_\_\_  
\* Phone #1:

( ) \_\_\_\_\_  
Phone#2:

\_\_\_\_\_  
Date

\* Best phone number to contact you.



**Torrance Unified School District**  
**Family Welcome Enrollment Center**  
 2336 PLAZA DEL AMO  
 TORRANCE, CA 90501



## Student Residency Questionnaire

This form is intended to address the McKinney Vento Act 42.U.S.C.11435 and must be completed for each student. The information you provide is confidential. Your child will not be discriminated against based upon the information provided.

Please complete the following questions regarding housing in order to help determine any services the student may be eligible to receive.

**By signing this form, I declare under penalty of the laws of the state of California that the information below is true and correct. In addition, I understand that the district reserves the right to verify any listed residency information.**

| Parent / Guardian or Unaccompanied Youth NAME | Parent / Guardian or Unaccompanied Youth SIGNATURE | DATE                                         |
|-----------------------------------------------|----------------------------------------------------|----------------------------------------------|
| STUDENT INFORMATION                           |                                                    |                                              |
| STUDENT LAST NAME:                            | STUDENT FIRST NAME:                                | STUDENT MIDDLE NAME:                         |
| NIGHTTIME RESIDENCE / LOCATION:               |                                                    | ZIP:                                         |
| CITY:                                         |                                                    |                                              |
| MAILING ADDRESS (IF DIFFERENT FROM ABOVE):    |                                                    | ZIP:                                         |
| CITY:                                         |                                                    |                                              |
| PHONE:                                        | DATE OF BIRTH:                                     | Is the Student UNACCOMPANIED:<br>Yes      No |
|                                               |                                                    | Is the Student a RUNAWAY:<br>Yes      No     |

| Check the ONE option that best describes your nighttime residence: |                                                                                                                                                                                                                                                                     |       |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| CHECK:                                                             | NIGHTTIME RESIDENCE:                                                                                                                                                                                                                                                | CODE: |
| <input type="checkbox"/>                                           | <b>Temporarily Doubled Up</b> - with another family/person because of loss of housing or as a result of economic crisis or hardship, loss of job, eviction, natural disaster, or is the student temporarily with an individual that is not parent / legal guardian. | 120   |
| <input type="checkbox"/>                                           | <b>Shelter</b> - emergency or transitional shelter.                                                                                                                                                                                                                 | 100   |
| <input type="checkbox"/>                                           | <b>Hotel / Motel</b> - living in what is not an emergency / transitional shelter and involves payment due to lack of alternative adequate accommodations.                                                                                                           | 110   |
| <input type="checkbox"/>                                           | <b>Other Temporary Living Situation due to loss of housing, financial crisis</b> - trailer park with no hook ups, campground, park, public places, abandoned building, street or any other inadequate living space.                                                 | 130   |
| <input type="checkbox"/>                                           | <b>NONE OF THE ABOVE APPLY</b> - We have permanent and adequate housing or are in relocation housing due to an employment move. Personal residence is owned / rented house or apartment suitable for living.                                                        |       |

**\*\* If this form is filled out at the school site to establish eligibility, please SCAN and EMAIL this form to: [FWEC@tusd.org](mailto:FWEC@tusd.org)**

| OFFICE USE ONLY |       |                 |                                   |                                     |                                                      |
|-----------------|-------|-----------------|-----------------------------------|-------------------------------------|------------------------------------------------------|
| 20              | /     |                 | Student eligible: Yes      No     |                                     |                                                      |
|                 |       |                 | Name                              | Title                               |                                                      |
| Date entered:   | _____ | Initials: _____ | <input type="checkbox"/> Code 191 | <input type="checkbox"/> Trans Info | <input type="checkbox"/> Nutrition Services notified |
| ID#:            | _____ | G: _____        | SCH: _____                        | E: _____                            | SE: _____ L: _____                                   |
| SIBLINGS: _____ |       |                 |                                   |                                     |                                                      |

## Intake Information (staple siblings together)

|                              |                               |                                                                                    |
|------------------------------|-------------------------------|------------------------------------------------------------------------------------|
| STUDENT LAST NAME:           | STUDENT FIRST NAME:           | STUDENT DATE OF BIRTH:                                                             |
| PARENT / GUARDIAN LAST NAME: | PARENT / GUARDIAN FIRST NAME: | SPECIAL CIRCUMSTANCES:<br>Natural Disaster (flood, hurricane, etcl)<br>Other _____ |
| SCHOOL / SOO:                | EMAIL FOR READY ROSIE:        |                                                                                    |
| Current Living Situation:    | Onset of Homelessness:        | Anticipated Move-out Date:                                                         |

**REQUIRED CHECKLIST:**

- Reviewed Attendance, Behavior & Rights / Responsibilities
- Showed parent SBFC
- Got Email for & demonstrated Ready Rosie
- Signed up for Remind (text)

**NOTES:**

**Educational Concern(s):**

- Low Academic Performance
- Low Overall GPA
- Excessive tardiness
- Truancy
- Attendance barriers (i.e. transportation, proximity)
- Gaps in Enrollment
- Failed / must retake courses
- Missing partial credits
- Special Education Assessment requested
- A-G Requirements (not on track to graduate)
- AB 1806 eligible
- 504 plan
- Limited college / vocational awareness
- Other \_\_\_\_\_

**Interventions / Goals:**

- Provide backpack, school supplies, hygiene kit
- Provide transportation support
  - Shared cost (district): \_\_\_\_\_
- Tutoring referral (School on Wheels)
- BB Referra:
- Refer to School Counselor
- Attendance Contract
- Refer to Special Education Division / APEIS
- Refer to substance abuse treatment program
- Refer to CARE SOLACE
- Refer to School nurse
- Refer to Regional Center
- Refer to College Center
- Refer to Education / Vocation Training Program
- Linkage to college homeless liaison
- Other \_\_\_\_\_

**Social / Emotional / Behavioral / Developmental Concern(s):**

- Student at Risk of self-harm
- Death in the family \_\_\_\_\_
- History of trauma \_\_\_\_\_
- CSEC
- Substance abuse
- Disruptive behavior
- Poor peer relationships
- School refusal
- Other \_\_\_\_\_

**BB HEP Event (Date Referred):**

|                     |                       |
|---------------------|-----------------------|
| OSB:                | _____ / _____ / _____ |
| Halloween Costume:  | _____ / _____ / _____ |
| Sponsor A Family:   | _____ / _____ / _____ |
| Sponsor A Graduate: | _____ / _____ / _____ |
| Prom / Tux:         | _____ / _____ / _____ |
| Food Distribution:  | _____ / _____ / _____ |
| Ready Rosie:        | _____ / _____ / _____ |
| Other:              | _____ / _____ / _____ |

Assessment Date: \_\_\_\_\_ Completed by: \_\_\_\_\_