

**Academic Referral To The Learning Academy Form
School Referral**

Section A (To be completed by the school)

School: _____

Date: _____

Student: _____

Student ID # _____

Grade: _____ Age: _____

Date of Birth: _____
Month Day Year

Does the student have a 504 Plan? _____

Does the student have an IEP? _____

Years Levels Retained and Grades:

Years Retained	Grade Level	Lang Arts	Math	Science	Social Studies

Assessment Tool	Year	Reading Score	Math Score	Science Score	Writing Score	Other

Interventions/Strategies Used: _____

Parent Conferences (Dates): _____

Remediation classes/courses: _____

Other: _____

Section B (To be completed by the Grade Level Director)

Referral _____ Approved _____ Not Approved

Date: _____

Signature: _____

Section C (To be completed by the school after Section B is completed)

Parent notified by: _____ Conference _____ Letter (Date sent: _____)

Information and referral sent to The Learning Academy Director: _____

Section D (To be completed by The Learning Academy Director)

Notification by The Learning Academy Director to school:

Student enrolled _____

Enrollment declined _____