

# Wraparound Referral Form



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**Student Information:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Need for Service/Specific Behaviors/Concerns:

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If referred through building problem solving team, please list all interventions (Tier 2, & 3) and supports utilized for this student. Please share who provided these interventions and the duration of each intervention. Please attach all progress monitoring information for the Tier 2 & 3 interventions this student received. (This will assist with collaboration between agency and school-based supports.)

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Referent Information:

Name of referent: \_\_\_\_\_ Referent Title \_\_\_\_\_

Referent Telephone: \_\_\_\_\_ Referent Email: \_\_\_\_\_

Date of referral:

\_\_\_\_\_

**Others with Information/Additional Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please have parent or guardian sign below to consent to being referred to an external agency to receive supports and services.**

DISCLAIMER AND RELEASE	
<p>I certify that I am the guardian of the student named above and the information provided is accurate to the best of my knowledge. I authorize Peoria Public School to release and share the above information to the organization(s) for the purpose of referral to provide supports, services and resources regarding the assistance needed for the above student. I authorize the organization(s) to contact me. I attest that this authorization is given freely. I understand that a referral is not a guarantee of services.</p>	
<b>Guardian/Parent Consent for Services:</b>	<b>Date (MM/DD/YYYY):</b> /     /

\_\_\_\_\_ Please email completed referral form to [Lynne.Fehr@psd150.org](mailto:Lynne.Fehr@psd150.org)

**NOTE: ALL REFERRALS MUST BE APPROVED BY THE SCHOOL ADMINISTRATION**