Plus Program Referral Form

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To refer a student to the Plus program, please fill out the following document as completely as possible and submit via email (trent.saari@ppl-inc.org). If you have any questions, please contact the Senior LEAP Program Analyst, Trent Saari, at 612-455-5289.

**Plus Program eligibility**

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| --- | --- | --- | --- | --- | --- | --- |
| Check all that apply. If other, submit the Plus waiver form in addition to this form.

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| ☐1 Current be@school w/ Truancy Worker☐2 Current be@school w/ Mental Health Worker☐3 HHS - Child Welfare | ☐4 HHS - Foster Care☐5 HHM☐6 MFIP | ☐7 Probation ☐8 Other  |

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**Information about the student you are referring**

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| --- | --- | --- | --- | --- |
| Student’s first name:      |  | Middle name:      |  | Last name:      |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Street address:      |  | City:      |  | State:      |  | Zip code:      |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of birth: |       |  | Gender: | ☐1 Male ☐2 Female ☐3 Transgender/other |

**Caregiver information**

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| --- | --- | --- |
| Caregiver 1 name:       |  | Caregiver 2 name:       |
| Contact #:       |  | Contact #:      |
| Email address:      |  | Email Address:      |

**Referral information**

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| --- | --- | --- |
| Name of referring agency:      |  | Date referred:      |
| Name of referring person:      |
| Contact phone #:      |  | Email:      |

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| Name of resident district:      |  | Name of current school:      |
| Name of school attended prior to current school:      |

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| Is an interpreter needed to communicate with parent or student? | ☐1 Yes ☐2 No |
| Home primary language (main language spoken at the student’s home): |
| ☐1 English | ☐2 Spanish | ☐3 Somali | ☐4 Hmong | ☐5 Other (Specify): |       |
| Race:

|  |  |
| --- | --- |
| ☐1 White ☐2 Black/African Ancestry☐3 Asian ☐4 American Indian or Alaskan Native | ☐5 Native Hawaiian or Pacific Islander☐6 Biracial/Multiracial ☐7 Unknown ☐8 Other |

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| Ethnicity:

|  |  |  |
| --- | --- | --- |
| ☐1 Latino or Hispanic☐2 Hmong or Laotian☐3 Somali  | ☐4 West African☐5 Unknown/None☐6 Other (Specify): |       |

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| Grade:

|  |  |  |
| --- | --- | --- |
| ☐1 6th Grade☐2 7th Grade☐3 8th Grade | ☐4 9th Grade☐5 10th Grade☐6 11th Grade | ☐7 12th Grade ☐8 GED or Transitional |

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| Current Individual Education Plan (IEP)? ☐1 Yes ☐2 No ☐8 Unknown |
| Current English Language Learner (ELL)? ☐1 Yes ☐2 No ☐8 Unknown |
| Has student been expelled from school in the past? ☐1 Yes ☐2 No ☐8 Unknown |
| Is student pregnant or parenting? ☐1 Yes ☐2 No ☐8 Unknown |

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| Why do you feel Plus is a good fit for this student?  |
|       |
| What is the student’s biggest strength?  |
|       |
| What is the student’s biggest barrier for academic success?  |
|       |