



Good Will-Hinckley
WE CHANGE LIVES

Glenn Stratton Learning Center

Please send the referral packet to the address below or email to admissions@gwh.org. We will review the information with the Admissions team and respond to you promptly. Thank you for your interest in GSLC.

School Year 2021-2022

Date of Referral: _____

Student's Full Name: _____ D.O.B.: _____

Grade Placement : _____

Parent's/Guardian's Name: _____

Address: _____

Current Parent Phone Number _____

Parents have been informed of this placement option. _____ YES / _____ NO

Parents support this placement. _____ YES / _____ NO

PRIMARY REASON FOR REFERRAL:

Describe why an alternate placement is needed at this time:

When does student need placement?

Is there a current Day Treatment IEP?

What intervention strategies and positive behavior supports were not successful to address the problems (administrative and instructional):

STUDENT BACKGROUND INFORMATION:

School Performance:

____ Low Achievement

____ Retained in grade(s):

____ Over-age for grade

____ Inconsistent or no effort

____ Poor Attendance

____ No extracurricular

Has attended ____ Schools in ____ years. (# of school changes since kindergarten.)

Referral for Day Treatment in the past?

____ No / ____ Unknown / ____ Yes: date (____/____/____)

Reason for referral: _____

Outcome of referral: _____

BEHAVIOR:

History of behavior problem: ____ No / ____ Yes, since grade ____.

Please check the types of behavior that apply:

____ discrimination

____ assault

____ disrespect

____ bus behavior

____ Intimidation

____ insubordination

____ defiance

____ inappropriate attire

____ fighting

____ harassment

____ Possession of weapon

____ stealing

____ profanity or vulgarity

____ cheating

____ class disruption

____ verbal/written threats

____ bullying

____ sexual harassment

____ extortion

____ leaving campus

____ Possession of controlled substance

____ Tobacco violations

____ other (_____)

Suspensions this school year: ____ Detentions this school year: ____

Attendance this school year: ____ Expulsion this school year: ____

If Expulsion, is there a current plan in place? ____ (if yes, please attach)

Past involvement with courts: ____ No / ____ Yes, when: (____/____/____)

Current involvement with courts: ____ No / ____ Yes, when: (____/____/____)

General Health: _____

MENTAL / PHYSICAL HEALTH:

Medical Issues: _____

Medical health diagnosis: _____

Toileting issues: _____ No / _____ Yes: describe: _____

Other:

_____ Student has received mental health services.

_____ Records attached

_____ Records have been requested

Inpatient? _____ No / _____ Yes, when: (____/____/____)

Outpatient: _____ No / _____ Yes, when: (____/____/____)

SOCIO-ECONOMIC:

_____ Free/reduced lunch

_____ Family disruption

_____ Family moves frequently

_____ Not living with natural parents

_____ Low educational expectations

_____ Student is a parent

_____ Student is expecting a child

Other issues that may impact student's behavior and/or academic progress: _____

Days absent this year: _____ Days absent last year: _____

Student received the following services prior to referral:

_____ academic support

_____ guidance

_____ crisis counseling

_____ truancy court

_____ referral to outside agency

_____ family counseling

_____ credit recovery

_____ special education evaluation

_____ Occupational therapy

_____ medical evaluation

_____ bullying intervention

_____ Speech/Language

_____ social skills development groups

_____ Other: _____

Currently on probation: _____ No / _____ Yes:

PO Contact Info: _____

What are the expected measureable outcomes of this placement?

_____ These goals have been shared with the student and his/her family.

How will the student's response to this placement be evaluated?
(Ex. Improved grades/ discipline record, etc)

DATE OF IEP MEETING CONFIRMING OUT OF DISTRICT PLACEMENT:

Administrator Requesting Placement: _____

District: _____

Please list names and contact information of someone who is knowledgeable of the student's current functioning:

Please attach the following documents:

- Current IEP
- Latest Evaluations
- Current Transcripts
- Last Written Notice
- Restraint/Seclusion reports
- Release of Information for GSLC
- Anything else that may support placement decisions
- Most recent (within last 2 yrs) Functional Assessment(s)- one of the following is **required**:
 - Vineland - ABAS - CANS - CALOCUS-CASH - Bayley - BASC-3 - CBCL - ECSII
 - Battelle - CAFAS - PECFAS