

**DROPOUT PREVENTION COUNSELOR REFERRAL FORM**

Date: \_\_\_\_\_

Referring Staff Member: \_\_\_\_\_

Student: \_\_\_\_\_

Grade: \_\_\_\_\_

This student displays the following dropout risk factors (check all that apply):

\_\_\_\_\_ Previous Retentions

\_\_\_\_\_ Currently failing English and/or Math

\_\_\_\_\_ Poor Attendance

\_\_\_\_\_ Has expressed the desire to dropout

\_\_\_\_\_ Unsettled home life

Explain: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Please return completed form to Dropout Prevention Counselor.

***To be completed by Ms. Cox.***

Date(s) Met with Student \_\_\_\_\_

Parent Contacted Y or N \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_