

PCSSD Learning Academy Referral Form

Pulaski County Special School District

925 E. Dixon Road / P.O. Box 8601

Little Rock, AR 72216-8601

Phone: (501) 234-2078 Fax: (501) 490-0254

Referring School Information:

Referral Date: School Contact Person: Title:
Referring School: Phone: Fax:

Student Information:

Student's Name: DOB: Gender/Ethnic Code: Grade:
Instructional Status: Regular Ed Special Ed* 504* Parent/Guardian's Name(s):
Address: City: Zip Code:
Daytime Phone: Cell Phone: Alternate Phone:

Referral Information:

Referring Person: Title/Relationship:
Referring Person: Title/Relationship:

Reason for Referral: _____

Referrals will not be processed until the following documentation has been sent to Learning Services:

(Documents may be sent via fax or courier - Fax Number: 490-0254)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Referral Checklist | <input type="checkbox"/> Behavior Plan | <input type="checkbox"/> Letter of Probation | <input type="checkbox"/> Documentation of Interventions |
| <input type="checkbox"/> Last Report Card | <input type="checkbox"/> Transcript | <input type="checkbox"/> Graduation Plan <i>(Seniors only)</i> | <input type="checkbox"/> Credit Review Form <i>(HS only)</i> |
| <input type="checkbox"/> Discipline Report | <input type="checkbox"/> Current AIP | <input type="checkbox"/> WAC Reports ** | <input type="checkbox"/> Attendance Report |

* When applicable, a current IEP and Conference Decision Form or 504 Accommodations are required.

** All WAC Reports must include current grades.

Signature of School Official: _____ Date: _____

Parent/Guardian Signature *(required)*: _____ Date: _____

District Office Use Only:

Approved Length of Assignment: _____
 Denied Reason Denied: _____

Approved By: _____ Date: _____