



ATTN: Elizabeth Tarango  
Phone: (510) 670-7752 E-Fax: (510) 670-3752

**REQUEST FOR EDUCATIONAL SUPPORT SERVICES**

Referral date: \_\_\_\_\_

Services requested:

- \_\_\_\_\_ Education Mentor (male, female or open)
- \_\_\_\_\_ Referral for tutoring
- \_\_\_\_\_ School records (transcripts, IEP, Immunization)
- \_\_\_\_\_ Transcript analysis
- \_\_\_\_\_ Special education support
- \_\_\_\_\_ Enrollment
- \_\_\_\_\_ Coordinate school meeting
- \_\_\_\_\_ Help with school transfer/transition
- \_\_\_\_\_ Community resources information
- \_\_\_\_\_ Training \_\_\_\_\_
- \_\_\_\_\_ Child and Family Team Meeting

Name of youth: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Preferred Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Grade: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Name of School: \_\_\_\_\_ Not currently enrolled in school: \_\_\_\_\_

Name of relative/provider and relationship to the youth: \_\_\_\_\_

Name of child welfare worker: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Placement type: \_\_\_\_\_

Provider's contact information including address, city, phone number, and email address:

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

1. Educational needs: (please check each that applies):

- \_\_\_\_\_ Attendance
- \_\_\_\_\_ Behavior at school
- \_\_\_\_\_ Grades
- \_\_\_\_\_ High school graduation support
- \_\_\_\_\_ Post-secondary support
- \_\_\_\_\_ Initial special education assessment

- \_\_\_\_\_ Update current IEP
- \_\_\_\_\_ Support the guardian/provider with educational goals

2. Special Education Information:

Does youth have IEP \_\_\_ 504 Plan \_\_\_ IEP in process \_\_\_

Any medical issues (i.e. diabetes, asthma): \_\_\_\_\_

3. Additional Concerns:

Does youth have a current mental health diagnosis: \_\_\_\_\_

Youth pregnant or currently parenting: \_\_\_\_\_

Is youth suspected of and/or a commercially sexually exploited child: \_\_\_\_\_

\_\_\_\_\_

Does youth have any gang affiliations: \_\_\_\_\_

Is youth currently engaged in delinquent behaviors: (If yes, please describe): \_\_\_\_\_

\_\_\_\_\_

Does youth currently report to court for 241.1 hearings: \_\_\_\_\_

4. Identify youth's current support team

CASA name, phone number and email:

\_\_\_\_\_

Education Rights Holder name, phone number and email:

\_\_\_\_\_

Therapist name phone number and email:

\_\_\_\_\_

Dependency Attorney name phone number and email:

\_\_\_\_\_

Other significant adult name phone number and email:

\_\_\_\_\_

Project Permanence team: \_\_\_\_\_

TBS worker: \_\_\_\_\_

5. Additional Information:

Projected time for case being active: \_\_\_\_\_

How long has youth been in foster care: \_\_\_\_\_

6. CWW Comments:

Please list any additional information that might be useful such as motivational level of the youth, personal interests of the youth, or any suggestions that will help our staff and or the school in helping the youth:

\_\_\_\_\_

\_\_\_\_\_