



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 of Guardian: _____

Name of School: _____ Not currently enrolled in school: _____

Name of child welfare worker: _____ Phone number: _____

Email address: _____

Placement type: _____

Name of relative/provider and relationship to the youth: _____

Guardian/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 and agency 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:
