

# Referral

## Title III Parent Resources

School Year 2014-2015

**Title III Resources Referral-** The purpose of this referral is to identify areas of academic concern of an English Language Learner Student attending any St. Lucie Public School. Once you have identified the student, the parent will be contacted to receive support through the resources **available** at the Parent Resource Center in Garden City Annex by **Cielo Zapata**.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School Name: \_\_\_\_\_ Referred by: \_\_\_\_\_ Title: \_\_\_\_\_

Check all areas of concern:

<u>Reading</u>	<u>Math</u>	<u>Other</u>
<input type="checkbox"/> Main Idea	<input type="checkbox"/> Place Value	<input type="checkbox"/> Writing
<input type="checkbox"/> Author's Purpose	<input type="checkbox"/> Number Sense	<input type="checkbox"/> Grammar
<input type="checkbox"/> Making Predictions	<input type="checkbox"/> Addition	<input type="checkbox"/> Spelling
<input type="checkbox"/> Cause & Effect	<input type="checkbox"/> Subtraction	<input type="checkbox"/> Homework
<input type="checkbox"/> Inference	<input type="checkbox"/> Multiplication	
<input type="checkbox"/> Sequencing	<input type="checkbox"/> Division	
<input type="checkbox"/> Compare and Contrast	<input type="checkbox"/> Measurement	
<input type="checkbox"/> Context Clues	<input type="checkbox"/> Estimation	
<input type="checkbox"/> Narrative Elements (Character, Plot, Setting, Problem/Solution)	<input type="checkbox"/> Time and Money Geometry	
	<input type="checkbox"/> Fractions	

Language Proficiency/Designation: \_\_\_\_\_

Student current grade(s): \_\_\_\_\_ Subject(s): \_\_\_\_\_

### To be completed by Parent Involvement Specialist (Cielo Zapata): Office Use only

Parent/Guardian Name: \_\_\_\_\_ Signature \_\_\_\_\_

Address: \_\_\_\_\_ Phone number (cell) \_\_\_\_\_ home \_\_\_\_\_

Language Spoken at home: \_\_\_\_\_ Date of Initial Conference: \_\_\_\_\_

Outcome: \_\_\_\_\_

### Workshop Referral:

Reading \_\_\_\_\_ Writing \_\_\_\_\_ Math \_\_\_\_\_

Community Services \_\_\_\_\_ Social/Parenting \_\_\_\_\_

Rosetta Stone Lab \_\_\_\_\_ Other \_\_\_\_\_

Follow up date: \_\_\_\_\_ Current Grade(s) \_\_\_\_\_

Outcome: \_\_\_\_\_

### Workshop Attended:

Date: \_\_\_\_\_ Reading \_\_\_\_\_ Writing \_\_\_\_\_ Math \_\_\_\_\_

Community Services \_\_\_\_\_ Social/Parenting \_\_\_\_\_

Rosetta Stone Lab \_\_\_\_\_ Other \_\_\_\_\_