Plus Program Referral Form

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To refer a student to the Plus program, please fill out the following document as completely as possible and submit via email ([trent.saari@ppl-inc.org](mailto:trent.saari@ppl-inc.org)). If you have any questions, please contact the Senior LEAP Program Analyst, Trent Saari, at 612-455-5289.

**Plus Program eligibility**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Check all that apply. If other, submit the Plus waiver form in addition to this form.   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | |  | | | ☐1 Current be@school w/ Truancy Worker  ☐2 Current be@school w/ Mental Health Worker  ☐3 HHS - Child Welfare | | ☐4 HHS - Foster Care  ☐5 HHM  ☐6 MFIP | | ☐7 Probation  ☐8 Other | |

**Information about the student you are referring**

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| --- | --- | --- | --- | --- |
| Student’s first name: |  | Middle name: |  | Last name: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Street address: |  | City: |  | State: |  | Zip code: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of birth: |  |  | Gender: | ☐1 Male ☐2 Female ☐3 Transgender/other |

**Caregiver information**

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| Caregiver 1 name: |  | Caregiver 2 name: |
| Contact #: |  | Contact #: |
| Email address: |  | Email Address: |

**Referral information**

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| Name of referring agency: |  | Date referred: |
| Name of referring person: | | |
| Contact phone #: |  | Email: |

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| Name of resident district: |  | Name of current school: |
| Name of school attended prior to current school: | | |

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| Is an interpreter needed to communicate with parent or student? | | | | ☐1 Yes ☐2 No | | |
| Home primary language (main language spoken at the student’s home): | | | | | | |
| ☐1 English | ☐2 Spanish | ☐3 Somali | ☐4 Hmong | | ☐5 Other (Specify): |  |
| Race:   |  |  | | --- | --- | | ☐1 White  ☐2 Black/African Ancestry  ☐3 Asian  ☐4 American Indian or Alaskan Native | ☐5 Native Hawaiian or Pacific Islander  ☐6 Biracial/Multiracial  ☐7 Unknown  ☐8 Other | | | | | | | | |
| Ethnicity:   |  |  |  | | --- | --- | --- | | ☐1 Latino or Hispanic  ☐2 Hmong or Laotian  ☐3 Somali | ☐4 West African  ☐5 Unknown/None  ☐6 Other (Specify): |  | | | | | | | | |
| Grade:   |  |  |  | | --- | --- | --- | | ☐1 6th Grade  ☐2 7th Grade  ☐3 8th Grade | ☐4 9th Grade  ☐5 10th Grade  ☐6 11th Grade | ☐7 12th Grade  ☐8 GED or Transitional | | | | | | | | |
| Current Individual Education Plan (IEP)? ☐1 Yes ☐2 No ☐8 Unknown | | | | | | | |
| Current English Language Learner (ELL)? ☐1 Yes ☐2 No ☐8 Unknown | | | | | | | |
| Has student been expelled from school in the past? ☐1 Yes ☐2 No ☐8 Unknown | | | | | | | |
| Is student pregnant or parenting? ☐1 Yes ☐2 No ☐8 Unknown | | | | | | | |

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| Why do you feel Plus is a good fit for this student? |
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| What is the student’s biggest strength? |
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| What is the student’s biggest barrier for academic success? |
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