



Liberty Partnerships Program

**Liberty Partnerships Program Referral Form
for New Students (2017-2018)**



DATE: _____

Student's Full Name: _____

Homeroom: _____

Grade Level: _____

School: _____

Does the student have a 504? Yes No

Does the student have an IEP? Yes No

Referral Name: _____

AT RISK FACTORS (must meet at least one – please check all that apply):

1. Unsatisfactory academic performance	7. Homelessness, residence in a shelter or foster care
2. Inconsistent school attendance or truancy	8. History of substance abuse
3. History of behavior/discipline problems	9. Limited English proficiency
4. History of family/peers dropping out of school	10. Teenage pregnancy and/or parenting
5. Negative change in family circumstances	11. Negative peer pressure
6. History of child abuse or neglect	12. Other:

Additional Information:

OFFICE USE ONLY:

Navigator Notes;