



School District/Agency Referral Form

COPE
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Ypsilanti, MI 48197

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*This form is available as a pdf on <http://cope1.org>

Referral forms must be accurately and entirely completed before student interviews with COPE staff

Student Name Date

Program COPE. Ann Arbor COPE
 COPE Intensive Ypsilanti COPE
 Middle School Alternative Ann Arbor Summer Program

AM/PM AM PM AM&PM

REFERRING DISTRICT/AGENCY

Referral Source Additional Info:

Referring Worker

Phone

Email

AAPS Gen Ed AAPS Spec Ed

Referral approved by _____
(if different than referring worker)

STUDENT & PARENT/GUARDIAN INFORMATION

Date of Birth Address

Sex Female Male

Race African American Hispanic
 Bi/multi-racial Caucasian
 Other

City Zip

Phone

Family Status Traditional Foster Home / Reside
 Single Parent Step Family
 Other than Parent

Primary Guardian Secondary Guardian

Relationship

Relationship

Phone Work/Cell

Phone Work/Cell

Email

Email

Additional Info:

Parent Signature: "I _____ give permission for _____
(parent/guardian) (student)
to enroll and participate in COPE programming."

Signature _____ Date: _____

HOME SCHOOL

School District

Home School

Grade

Student Status Currently Attending
 Suspended
 Expelled
 Enrolled - Not Attending

Expulsion Date

If suspended or expelled, what was the basis for the action taken?

Current Classes

Special Education Certification

- None
 - EI
 - LD
 - OHI
 - PI
 - CI
 - SLD
 - Vision (VI)
 - Hearing (HI)
 - SMI
 - SLI
 - ECDD
 - TBI
- IEPC included yes
 no
 scheduled
- *If scheduled, date _____

Special Edu staff involved if not referring worker:

Name

Phone

Email

Rank (1,2,3.....) applicable reasons for referral:

- Academic deficiency/competency skills
- Truancy (excessive unexcused absences)
- Disruptive classroom behavior
- Inability to adapt to public school setting (alienation, withdrawal, lack of involvement)
- Disregard for authority figures
- Aggressive behavior toward peers or others
- Other

COURT INVOLVEMENT

Is the student involved with the Family Court? Yes No

Case Worker / PO

Email

Phone

MEDICAL HISTORY

Does the student have any current and/or chronic medical problems? If so, please describe:

Is the student currently taking any medication? Yes No

If yes, medication

- Psychological History**
- No issues have been diagnosed
 - Issues diagnosed, but no treatment has been provided
 - Student has been treated, but not institutionalized
 - Student has been institutionalized

Psychological Testing Yes No

If psychological testing has been done, please attach any relevant information, including when and by whom.

EDUCATIONAL PLAN

Does the student wish to attend COPE? yes no unsure

Do the parents/guardians support student attending COPE? yes no unsure

Student's most prominent strengths:

Student's most prominent challenges:

Goals/ Expecations at COPE:

COPE IN-HOUSE USE ONLY

Current COPE Yes

School Year

- 03-04
- 04-05
- 05-06
- 06-07
- 07-08

- Pregnant
- Homeless
- Documented Substance Use
- LGBTQ

Date of Entry into Program

Complete Interview

Services:

- FIA**
- PH**
- CMH**
- none**

Entry Math Level:
(enter raw score)

Entry grade level
math score

Entry Reading Level:
(enter raw score)

Entry grade level
reading score

grant count

Low Income Yes No

*Data
Entered
Initial*

*Data
Entered
Date*