

help me



Referral Form

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ School District: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ PO Box # (If Known): \_\_\_\_\_

Phone: Home: \_\_\_\_\_

Cell (Mother): \_\_\_\_\_

Cell (Father): \_\_\_\_\_

Work: \_\_\_\_\_

*(Only list work numbers if able to receive calls at work)*

Home Language: \_\_\_\_\_

Interpreter Needed:  Yes  No

Primary Referral Agency: \_\_\_\_\_

Follow Along:  Yes  No

Primary Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Secondary Referral Contact: \_\_\_\_\_

Is the family aware of this referral?  Yes  No

Reason for referral (any observable problems, behaviors, concerns):

Please return to:

**River Bend Education District  
1315 South Broadway  
New Ulm, MN 56073  
507-359-8709 or 1-800-605-4431**

Or fax the completed form to: **507-359-1161**