

RIVER BEND LEVEL IV PROGRAM REFERRAL FORM

Imprints ___ RISE ___ Raptor ___ WORK ___

1315 South Broadway
New Ulm, MN 56073

Referral Date: _____ Expected Start Date: _____

Phone (507) 359-8700 Fax (507) 359-1380

Student Name: _____ Birth Date: ___/___/___ Age: _____

Resident District: _____ Grade: _____ Primary Disability: LD / EBD / Other

MARSS #: ___/___/___/___/___/___/___/___/___/___/___/___ Federal Setting: _____ Eval Date _____

Parents/Guardians: _____

Primary Address: _____
Street Address City State Zip Code

Phone Number: _____
Home Cell and/or Work Student Cell

Email _____

Please include all of the following paperwork with referral:

Transcript
Behavior Referrals

Attendance
Test Scores

IEP and Evaluation Report
Health Record

504 Plan

Please provide a brief description of concerns in the following areas.

Behavioral Concerns:

Academic Concerns:

Attendance Concerns:

No student will be accepted into a River Bend Education District program without a completed referral form. The student status will be reviewed in 30 school days to verify proper program placement.

Referring District Representative Signature

Date

Parent Signature

Date

Student Signature

Date